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T. WOOD, M. D., Editor and Proprietor.

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CONTRIBUTORS TO VOLUME XVI.

SAML. G. ARMOR, M. D.
THOS. R. W. JEFFRAY, M. D.
J. J. QUINN, M. D.
G. A. KUNKLER, M. D.
F. MAJOR, M. D.
G. V. DORSEY, M. D.
O. C. GIBBS, M. D.
A. GEIGER, M. D.
R. R. McMEENS, M. D.
J. S. DUKATE, M. D.
H. G. CAREY, M. D.
F. ROLKER, M. D.
DR. HACKENBERG.
L. D. SHEETS, M. D.
W. H. MUSSEY, M. D.
C. THORNTON, M. D.
W. M. CHAMBERS, M. D.
J. P. WALKER, M. D.
R. L. REA, M. D.
D. HUTCHINSON, M. D.
W. LOCKHART, M. D.
E. B. HARRISON, M. D.
WM. KRAUSE, M. D.
J. U. HACKERMAN, M. D.
W. M. HOUSTON. M. D.
L. M. LAWSON, M. D.
T. WOOD, M. D.
G. C. BLACKMAN, M. D.
E. WILLIAMS, M. D.
V. KERSEY, M. D.
JAMES PHILLIPS, M. D.
DR. HOMBURG.
J. N. GREEN, M. D.
J. G. T. HOLSTON, M. D.
H. WEST, M. D.

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PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO.

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Original Lectures, Essays and Communications.

On the Nature and Treatment of the Autumnal Fevers of the South and West. By S. G. ARMOR, M. D., Professor of Pathology and the Practice of Medicine in the Medical College of Ohio.

FEVERS of a periodical type are peculiarly interesting to the Western and Southern practitioner, from the fact that they largely prevail in all parts of the United States lying between the Northern Lakes and the Gulf of Mexico. And although, in the main, there is a general agreement as to the principles of treatment, yet in the details of that treatment there are questions upon which there is, even at the present time, widely different views. This results, doubtless, from the different views as to the nature and pathology of these fevers; and to this question, therefore, I shall very briefly direct attention.

I have selected the Autumnal fevers that prevail so largely in the Mississippi Valley, as typical of the entire class of Essential fevers; differing, it is true, in many particulars from those that depend upon a specific animal poison, and yet in their general pathology offering good illustrations of the general class of Idiopathic fevers.

What, then, is the nature and pathology of these fevers? Shall we regard them as *constitutional* or as *local* maladies? What relation does the febrile or inflammatory action sustain to the local disease? Are the local alterations secondary to

the fever? or are they symptomatic of the fever? Or is the fever symptomatic of them, as taught by Brussais? And what influence do they possess in inducing a fatal termination?

I briefly present here the prominent questions at issue; they are questions upon which volumes have been written; and unfortunately *theory* has too often taken the place of *fact*, until speculation itself has become weary of the investigation.

The theories of medicine always have and always will influence its practice. Thus the speculations of Brown, Cullen, Clutterbuck, Brussais, Rosari and Armstrong successively introduced the stimulant, diaphoretic, general antiphlogistic, leeching, tartar emetic and mercurial plans, each of which has, in its turn, been pushed to a most deleterious extent. The same may be affirmed of the theory of Dr. Cook, an influential teacher of the West, who appeared to see but one organ, the *Liver*, and whose one remedy—*Calomel*—has been used by his followers to a prodigal, and I must add, empirical, and often cruel extent.

It is important, therefore, in a practical point of view, that we should not reverse the Baconian method of arriving at truth: our faith and practice should rest upon *fact;* and in the pursuit of this plan in studying the *phenomena and effects of fever*, modern pathologists have arrived at some of the most splendid results. They have abandoned, to a great extent, idle speculations as to the *proximate cause* and *exact nature* of fever,—speculations that have always retarded, rather than advanced, the progress of medical science; and yet it is not perhaps affirming too much to say, as a starting point in our investigation, that all our Idiopathic or Essential forms of fever are the result of *the introduction of a poison of some kind into the system.*

The proof of this consists in the fact: 1st, That diseases analogous to these fevers have been induced by injecting putrid matter into the veins of animals: 2nd, These fevers are readily produced by the introduction of animal poisons into the blood, as in the case of small pox, measels, &c.: 3rd, These poisons

are known to operate through the medium of the air, by thus gaining access to the blood through the lungs: 4th, The non-contagious fevers, such as Intermittents and Remittents, are universally admitted to depend upon a poisoned or changed condition of the atmosphere: 5th, Actual observation establishes the fact that the blood *is* altered in all Essential or Idiopathic forms of fever.

That the febrile phenomena present in these fevers indicate a condition of the system *independent of inflammatory* action, I infer from the fact—1st, That in the absence of complication during the progress of disease, there is no evidence of inflammation revealed by post mortem inspection; and, 2nd, That the symptoms co-exist with a diminution of the fibrin of the blood, and diminished tolerance of the loss of blood.

Evidently, therefore, the term *fever* may be used in two very different senses—in one signifying a collection of symptoms depending on local inflammation—and in the other a *condition* of the system entirely independent of such inflammation. In one the term indicates the name of a *disease*, and in the other the name of a *symptom*, just as head ache, back ache, furred tongue, and deranged secretions are symptoms.

In the one kind, the local disease, if it be present, is consequent on the fever; in the other, fever is the result of the local disease. Hence the distinction between Essential and Symptomatic fevers. Let us take an example of each. A person in health is exposed to the contagion of an Enteric or Typhoid fever; he gradually becomes languid, stupid, has head ache, back ache, fever sets in, and during the course of the disease local symptoms manifest themselves, such as bronchitis, ulceration often of Peyer's glands, enlargement and softening of the spleen, &c. In the other case, a person, in equal health, from exposure to cold, or from local injury, gets an attack of pleurisy or inflammation of the lungs, and, as a consequence, has Symptomatic fever from local inflammation.

Now it will be at once perceived that the relation which the fever sustains to the local disease in each of these cases is quite different. In the one the fever is *primary* and the local affec-

tion *secondary;* the fever will exist, therefore, although the local disease may be modified or removed. In the other the fever vanishes on the removal of the local disease.

A very able paper has been recently contributed on this subject by the distinguished Dr. Stokes. He divides all diseases into three great classes. "In the first we have diseases which have an *anatomical character.* In the next we have a most important class of cases which have *no* anatomical character, and yet they are not fevers."

The first includes, of course, the *local phlegmasia*, and the symptomatic fever resulting therefrom. The second includes the *Neuroses*, such as mania, epilepsy, hysteria, lock-jaw, &c. It can not be shown that these depend upon any known or ascertained anatomical change of any portion of the system. That their seat is in the Nervous system is very evident, but what the condition of the nervous system is to which they owe their origin, the most minute and untiring observations of pathological anatomists have failed to point out.

We are justified in affirming, therefore, that the first class of diseases have an anatomical character, while the second have no anatomical character.

Now we come to the *third* class described by Dr. Stokes, which comprises *Fevers.*

The Idiopathic or Essential fevers are general, constitutional affections; they may be said to have no definite anatomical character. It may be asked, then, how do they differ from the *Neuroses?* Strictly speaking, they differ but little; they have many features in common; and often occupy an intermediate position between the strictly inflammatory and the purely neurotic affections.

Fevers differ, however, very much from the pure Neuroses in this—that fever seems to be a special condition of life, produced by the introduction of a *special poison* into the circulation, exists for a certain time, and only subsides on the elimination or neutralization of the poison.

It differs, also, from the pure Neuroses in its tendency to produce local anatomical changes *secondary to the fever.* The

Neurotic affections do not tend to the development of gastric hepatic, or bronchial disease, or to ulcers of the intestines, or cutaneous eruptions. These complications are not necessary, however, to the fever. We may have functional alterations occurring without any known organic change. Thus we have delirium in fever as a neurotic condition; pain as a neurotic condition; cough as a neurotic condition; and even abdominal tenderness may be present without enteritis or gastritis.

We should remember, also, as a fundamental truth that lies at the basis of all correct views of fever, that a general morbid state is capable of destroying life *without any known anatomical change.*

The admittance of this doctrine into the field of pathology will enable us to obtain better and more definite ideas concerning the phenomena of fever; it will give us the power of striking at the root of disease; and, above all, it will banish from the Practice of Medicine much of that empiricism with which it has at all times been infested.

It also offers the most rational explanation of the modification of diseased action growing out of prevailing *Epidemic influences.* It fixes the mind upon two controlling elements of disease; *first*, upon the depressing effects of a Zymotic poison operating upon the general constitution; *second*, upon the local inflammatory or functional complications that may be engrafted upon and influenced by a primary altered condition of the blood. It thus draws the line of demarcation between general and special pathology by keeping in view *constitutional conditions as modifying local action*, thus giving us broader views and clearer conceptions of the varied elements of disease as they act and react and insensibly shade into each other.

I have already intimated that the Essential fevers sustain an intermediate relation between the purely neurotic and the strictly inflammatory affections; and it may be well for our patients if, during the progress of the fever, it continues to maintain this intermediate position. But the tendency is to local and inflammatory complications. Thus we have, for in-

stance, bilious, gastric, catarrhal and enteric fevers, by which we would not be understood to imply that there is nothing more than simply disease of the liver, stomach, respiratory system, or the mucus membrane of the bowels. These have been simply *superadded* to the general disease, and may constitute its most formidable feature. They are, in many cases, the cause of death, and this they may do either by the direct destructive effects of inflammation, or by preventing the efforts of nature towards a favorable termination.

Having premised these general reflections on the nature and pathology of the Essential fevers, I desire to call attention to the leading indications of *Treatment*, more especially of the Periodical and Autumnal fevers of the Mississippi Valley. And based upon the pathology which I have very briefly pointed out, what are the indications of cure? 1st, To counteract the injurious operation of the poisons: 2nd, To expel them from the system.

Unfortunately, however, we know of few remedies that will fulfill the first indication without injuriously affecting the blood itself.

The other indication is the one most usually pursued, viz: to expel the offending matters from the system. This may be said to be Nature's mode of cure; and, in the absence of reliable knowledge as to the nature of the poison and its antidote, the physician can only aid nature in her work of elimination.

Remittents. I allude here to a type of miasmatic fever that has received numerous names, all of which are liable to objection. It is remittent—so are other fevers. It is also bilious—so is Yellow Fever. It has been called African Fever, Bengal Fever and River Fever—but it is not confined to Africa, Bengal, or river bottoms. It is essentially the same as Intermittent, produced by the same cause, having the same types, and amenable to the same treatment.

Blood Letting. An important question presents itself as to direct depletion by the lancet. Its propriety must, of course, be determined by the character of the symptoms and the con-

stitution of the patient. What are the pathological differences between the Remittent and Intermittent varieties of fever? Evidently in the higher febrile excitement of the whole system; the greater tendency to visceral congestions and inflammations; and the much longer hot stage. We have a blending of a general and Essential fever with a local phlegmasia; and hence the want of complete intermission, as in intermittents. Remove the local lesion, and the antidote will take effect, as in ordinary intermittent. Blood-letting will often accomplish this object; but to be successful it should be resorted to at an early period, before inflammation in any organ is completely established. In young, robust, plethoric subjects, with hot skin, flushed face, severe pain of head and back, and great gastric oppression, there ought to be no doubt as to the propriety of general blood-letting. It will greatly facilitate the operation of other remedies, and often converts a Remittent into an Intermittent.

Diaphoretics. If the skin remains hot, shall we resort to Dover's powder as a diaphoretic? Not while there is cold water. Have it applied according to Dr. Dixon's plan: "Set your patient in a convenient receptacle, and pour over his head and naked body from some elevation a stream of cold water until he is pale, or his pulse loses its fullness, or his skin becomes corrugated, or he shivers. Then have him dried and replaced in bed, and copious perspiration usually follows." This is, of course, contra-indicated in the aged or feeble. But in young and vigorous subjects it is a most valuable therapeutic agent. The neutral mixture of the U. S. Dispensatory, variously combined with nauseants, may also be of service in promoting diaphoresis; and if the patient is restless, especially after the subduction of inflammatory excitement, a full Dover's powder should be administered at bed time, and repeated if necessary to procure quietude and rest.

Diuretics. As a class of remedial agents in general febrile affections, diuretics are, I am well satisfied, too much neglected. There can be little doubt that many of the constitutional disturbances characteristic of Idiopathic fevers are in a

great measure due to defective excretions; and of the various excretory functions none equal in importance those of the Kidneys. These organs are in fact the great depuators of the system,—the exponents of the numerous chemical changes which are constantly taking place in the healthy and diseased animal fabric, and the principle channels through which foreign matters are expelled from the blood. Well selected diuretics, therefore, should hold a conspicuous place among our therapeutic agents in the cure of all forms of febrile disease.

Purgation. In withholding purgation in the treatment of the Autumnal fevers of the Mississippi Valley, I am aware that I come in conflict with high authority, and I would not presume to question such authority, but from the conviction strongly impressed upon my mind, that active purgation is injurious in its tendencies and often fatal in its consequences. I doubt not but hundreds have fallen victims to erroneous views on this subject propagated by Hamilton in his work on Purgatives. Under the impression that "bilious disorder or hepatic derangements," as they are generally termed, play an important part in our Autumnal fevers, mercurial cathartics are used to a prodigal and doubtless often injurious to a fatal extent. The pathological fact is lost sight of that the lesion of hepatic secretion is always a *secondary* condition;—that it depends upon a certain *state* of the organ or of the system at large, and can be removed only by removing that state or condition. A clear conception of this fact would, I think, throw additional light on a class of diseases associated with derangement of the hepatic function, and banish from our nosology those numerous primary affections which are attributed to the liver.

What is the state or condition, therefore, of which the hepatic derangement is but an expression?

First, congestion from intropulsion of blood, whether from the cold stage of an intermittent fever, or from protracted cold to the surface, will give rise to it. The result of congestion from any cause, whether active or passive, is the lowering of

the vital properties of the gland, and a consequent suspension or perversion of secretion. Again, perverted secretion may result from a primary diseased condition of the blood itself. Or, lastly we may adopt the explanation of Bichat, "that between a secreting organ and the surface upon which its excreting duct opens there is a sympathy by which a stimulus applied to the latter is communicated to the former." In either case the deranged secretion is secondary, to the *condition* producing it.

If my premises be correct, why do we administer purgatives for the relief of biliary derangement? I am aware that it is argued, theoretically, that the serous exhalation from the intestinal canal, caused by the action of a cathartic, unloads the vessels of the liver, and thereby restores its healthy circulation; and this argument might have weight were it not for the counteracting influence of irritation caused by the operation of the remedy. But this element of evil, I doubt not more than overbalances all the benefit derived from the depletion. In many instances the manifestations of biliary derangement are *produced* by irritation and phlegmasia of the mucus membrane. The illustrations of this are numerous. Errors of diet may give rise to it. A large quantity of indigestible food is taken at supper: next day the patient has vomiting, thirst, followed by jaundice. Or he may be exposed to heat, and, while suffering from lassitude and thirst, his body bathed in perspiration, he drinks large draughts of cold water. In a few hours he has nausea, thirst, fever, and awakes some morning and finds himself jaundiced. The same condition often follows drastic purgation. An increased irritation is communicated to the parenchama of the liver, and whatever be the intensity of the phenomena attributed to the bile, *calmness is generally reestablished as soon as there is cessation of the local phlegmasia.* I regard this as an established fact in pathology of the highest importance.

In our ordinary Autumnal fevers, therefore, accompanied as they generally are with irritation of the stomach and bowels, I would abstain from the use of cathartics as calculated to

aggravate the symptoms of biliary derangement and increase all the phenomena of the disease.

I would not, however, entirely exclude alvine evacuants in the treatment of these fevers. That their operation is often attended with benefits I would not for a moment deny. The acrid secretion may be a greater source of irritation, forward upon the mucus membrane and backward upon the gland secreting it, than would be the effect of a laxative to remove it. Or, if torpor or paralysis of the liver were present, associated with clay colored or white discharges, and unaccompanied by hyperœmia and tenderness of the gastro-duodenal mucus membrane, the *mercurial* cathartics would be admissible.

But is it true that, in the class of cases under consideration these are the manifestations? Is not, indeed, the very opposite condition generally present, such as local tenderness, irritability of the stomach, and dark discharges? Shall we, then, in this condition, administer cathartics? Many reasons forbid.

1st. As a general and valuable therapeutical principle we should never resort to medicinal agents when nature is doing her proper work.

2nd. Cathartics will increase the very difficulty which nature is endeavoring to overcome, by adding irritation and determination to the congestion already existing.

3d. There is no indication as a general proposition for their use, as evinced by the color and character of the discharges—dark discharges, characterising hyperœmia and effusion, positively contra-indicating their use.

Sulphate of Quinine. All forms of our Autumnal fevers of the South and West—the Intermittent, Remittent and Congestive—are convertible one into the other; they possess one common property; there is but one feature, or element in either that is essential to their pathology, and that feature or element bows before the potent sway of the *sulphate of quinine.* The local lesions that take place during the progress of these fevers, are *secondary to this feature or element,*—not

primary and essential, and if this condition be not early arrested, fatal complications of vital organs may take place. Our first indication, therefore, should be to break up the paroxysms. We should not wait *for* remissions and intermissions, but seek to *produce* them. In the malignant or congestive forms of intermittent fever, the timely administration of quinine in *large doses*, affords the only hope of the patient; it is the pivot on which the case is to turn for life or death.

I would not be understood, however. as regarding quinine the *only* means to be employed in the treatment of these fevers. If time admits, the intelligent practitioner will observe the usual preparatory treatment. He will also promptly counteract local determinations and complications. But the grand outstanding prominent idea to be cherished is the potency of the quinine to arrest the paroxysms.

In the inflammatory forms of remittent it may be necessary to premise by general blood-letting, or by the sedative effects of water applied by the dash, as suggested by Dr. Dixon, of Charleston, S. C.;—or, what may even more successfully meet the same indication, cover the patient with a sheet, and have a sponge dipt in tepid water passed over every part of his body by the hour together, until the thermometer, both in the axilla and the mouth, has been brought down to 99 or 100 deg. The conditions of inflammatory excitement being obviated the antidote will be as prompt in its arrest of this as in the ordinary form of intermittent fever.

Strychnia. I regard this as a valuable adjuvant to the quinine in the malignant or congestive intermittents, especially if there be much difficulty in arousing the nervous system from its lethargy; and in the weak and broken down condition of the nervous system from an ordinary intermittent, it often proves to be a remedy of singular power.

Correspondence.

Valedictory, delivered before the Cambridge City Medical Association, June, 1854. By Dr. Nathan Johnson, Ex-President.

Gentlemen:—By a constitutional provision of our association, it becomes the duty of your presiding officer, at the close of each year, to deliver an address. The duty is imperious; were it not so, I should shrink from the performance, from the fact that there is perhaps no subject to which I can direct your attention, that has not been better investigated by each member of the association, than by myself. You will, however, permit me briefly to refer to the present state of the Medical profession, the duty of its members, and the object of our association.

You are well aware that the Medical profession does not at present occupy the commanding position in the public estimation that it once did. And why this disparity? We are apt to attribute it to the hordes of quacks, and irregular practitioners of the various tribes and denominations, that, within a few years, have overrun the country. But why is it that these quacks and empirics have obtained the position which they occupy in the public mind? Is not *this* in a good degree the fault of those who claim to be of the regular profession? They have admitted into their ranks, and to their fellowship, and to the duties, the honors, and the emoluments of the profession, men whose intellects, whose preliminary education, and whose opportunities to obtain a scientific Medical education, were totally inadequate to qualify them for the safe practice of a profession, on a correct and thorough knowledge of which frequently depend the issues of life and death. The consequence has been, that the public, discovering no difference either in the success, the scientific qualifications, or the gentlemanly deportment of the two classes, have lost confidence in the regular profession, and have had recourse to the boasting quack, who would promise, with certainty, the cure of their maladies; or

to the long catalogue of patent nostrums with which the country abounds.

But this is not the only class of practitioners that have degraded the Medical faculty. There are those, who have entered the profession honorably, and under the most favorable auspices, who yet do no honor to the profession. Their talents are respectable. Their literary and scientific attainments are adequate to place them in a commanding and honorable position, and to render them useful members of society. But having observed that, in the more palmy days of the profession, the medical man was honored and respected, regarded as a benefactor to his race, they, without appreciating the study and the labor, have sought the reward. They spend their leisure from actual practice in ease or indolence, and, when circumstances permit, in luxurious indulgence; or they are engaged in trade and commerce, and use the profession as a mere hand-maid to wealth. They love not the science. They seem to say to themselves, in the language of the student referred to by Dr. Rush, "I have finished my studies." Forgeting that the whole life of a physician, if he would practice with safety to the community, which demands his services, and with honor to himself, is a life of study—close, diligent study; and he who is unwilling thus to give his time and talents to his profession, is unworthy of its honors, and will not receive them. I repeat it; the practice of the Medical profession, if honestly and honorably pursued, is one of the most arduous occupations in which any man can engage; and he, who assumes the responsible office of prescribing for his suffering fellow beings, should do so, with the determination of devoting to it, all the energies of his mind. Without such devotion, it is impossible to make progress, or even to keep pace with the improvements of the profession. And yet of the vast number of persons engaged in the practice of medicine—even of those who claim to be of the regular order—how few are qualified for the responsible occupation! How few are there, who have thoroughly studied even the elementary branches of the science! Where, among the numerous practitioners throughout the

country, will you find one, who is thoroughly and intimately conversant with the anatomy of the human system, or deeply versed in its physiology and the numerous recent discoveries in that branch of the science, to say nothing of the discoveries of the pathology of diseases? all of which is necessary to the thoroughly educated and scientific physician. Who is there among us, that has so acquainted himself with the various signs and symptoms of disease, that he is able to diagnose accurately, at all times, and under all circumstances, the different shades of morbid action—the influence, direct and indirect, of the functional and organic derangements of the different organs on the health of the whole system? Who is there, that, by studying the language of the stethoscope and pleximeter, has availed himself of all the aid, to be derived therefrom, in the investigation of the obscure diseases, to which the organs and viscera of the different cavities are liable; or has acquainted himself with the numerous microscopical discoveries, that have recently been made by the cultivators of the medical science; or applied extensively to practice any of the anesthetic agents, which science has revealed for the relief of suffering humanity? Who understands thoroughly, the *modus operandi* of all the numerous and various articles of our Materia Medica—their influence on the animal economy in health and disease—and is able to determine with certainty, in a given case, that an article will not augment, instead of counteracting the disease, which it was given to mitigate or cure? Yet all this is necessary to the success of the physican, and the safety of the patient: and it is believed to be attainable—not, however, without application and study. How culpable then, nay, may I not say criminal, is he, who takes upon himself the responsible office of prescribing for disease, without the requisite qualification, and a determination to devote his life and energies to the cultivation of the science.

An unscientific and incompetent practitioner of medicine is more dangerous to the community, than the highwayman, or the midnight assassin; because he inflicts the blow under the specious pretence of relieving suffering, or healing the sick.

These are a few, and but a few, of the various and numerous causes, which have tended to degrade the noble and time-honored profession. We rail at the various systems of quackery, which have, within a few years, sprung up outside of the regular profession, under the imposing character of Medical Reform, whose name is legion—which pander to the ignorance and prejudice of the vulgar part of the community under the specious guise and cognomen of Eelecticism, Homeopathy, Hydropathy, and Steam; the first lessons in which are slander of the only scientific system of medicine. But from these we have nothing to fear, and not a thought need be bestowed upon them. Time, the destroyer of all things, that have no merit, will shortly sweep them into oblivion, and leave not a trace behind. They can not injure the profession, if the members are true to themselves. It is from those who claim to be their friends that they suffer most. Yea, even from men who can boast of their diplomas—who have graduated in a respectable medical institution—but who are not scientific; who have neglected the profession, who seek to sustain themselves—not by their merit and gentlemanly deportment—but by a resort to the low chicanery of the more excusable quack—by pandering to the prejudices of the less informed and vulgar portion of society. They boast of their success, and slander their more scientific and honorable competitors. They wish no alliance with the members of the profession, but seek their associates among that portion of the community, which they can use for their own selfish ends. This is a class for which there is no redemption. They want that self-respect and moral feeling and principle that are necessary to elevate them in the scale of existence. They must be left to the indulgence of their own inherent meanness, till, in the long lapse of time, in the eternal ages, the consciousness of their depravity may arouse them to "work out their own salvation with fear and trembling."

This view of the subject presents some very discouraging aspects, but the case is nevertheless not hopeless. There are some noble souls in the profession, and those not a few, who are laboring for its elevation. This is an age of progress. By

the aid of science, we have almost learned to "ride on the whirlwind and direct the storm." We travel by steam, and converse by lightning. Despair is stricken from our vocabulary. We know not the word. It is said that all things are possible with God; and almost is this true of man. The dry bones of the profession may yet live; already they are beginning to shake. Association is the order of the day. Men associate for the promotion of all the various interests of life. By association are built, railroads, turnpikes, and canals. Associations are formed for the promotion of agriculture, commerce, manufactures and the mechanic arts. Men of science associate for the discovery of truth, and the advancement of general knowledge; and the medical men of the nation have associated for the improvement of their science and the elevation of the profession. The American Medical Association, for the last seven years, has sent forth annually its volume of "Transactions," which, for valuable scientific information, will compare favorably, it is presumed, with the transactions of any other association in the world; and, by the way, it should be in the hands of every medical practitioner in the country. This is cheering evidence of the vitality of the profession and of the spirit of progress.

State societies too, have been formed, for the collection of statistics, and medical observations and experience, and for the promotion of that friendly intercourse among medical men on which, to a considerable degree, depends the good character of the profession.

But neither the American Medical Association, nor the State Medical Society, nor both together, are sufficient to supply the wants of the profession. What is needed to complete the means of improvement and progress is the organization of a general system of local societies, requiring each of their members to record their cases, the cause when known, and the treatment; and to furnish such societies an abstract of all important cases, together with any peculiarities that may occur in the disease, or that may be adopted in the treatment. Such local societies might, at small expense, procure the necessary

instruments for making meteorological observations, which should be registered, and a report thereof furnished to the State society, together with the medical topography of their particular localities. Such a course, if adopted, would not only improve the medical knowledge of the members, but would prove sources, whence would issue the materials to enrich the reports and transactions of both the State and National Associations. This would improve and elevate the profession; for each member would possess the information of the whole.

But on the subject of local societies, great apathy prevails. Of the great number of physicians in the State of Indiana, comparatively few, it is believed, are attached to any medical association. Even in the metropolis of the State, where there are some forty regular physicians, there is no medical society. And in our own county of Wayne, which is among the oldest and most populous counties in the State, and which, as it respects numbers, is certainly well supplied with physicians, there is but this single very small association. It has now been organized a little more than two years. Our object has not been to acquire fame; nor to make an ostentatious display; but simply to improve ourselves in the science, and incidentally, if opportunity presented, to contribute our humble mite to its advancement. It was said by an ancient philosopher, "Let him that would move the world, move himself." We can at least contribute so far to the general advancement as to move ourselves.

The different members of our association have, at the proper time, promptly reported their cases; many of which are quite interesting. Condensed reports have been formed from the whole, and disposed of according to the direction of the assotion.

For the further promotion of the object of the association, I would suggest more frequent meetings; and that some medical subject be taken up for discussion. This would perhaps elicit additional interest in the society. It might be some general subject, connected with the science; or we might usefully and

pleasantly occupy the time in conversation, relative to any occurrences in our practice, either such as are presented in the written reports of the cases of members, or such oral statements as might be made at the time. This would seem the more necessary, as at the meetings in which the reports are made, too little time is allowed for their discussion. I am aware of the difficulty that presents itself in consequence of the members not being in sufficient proximity to each other. I merely make the suggestion for the consideration of the members.

CRITTENDEN, GRANT CO., KY., Dec. 1, 1854.

TO THE EDITORS OF THE WESTERN LANCET.

GENTS:—Herewith I annex a description of some cases of milk-sickness so called by the non-professional community and a portion of the professional world. But so far as they have come under my observation I am of opinion that the disease is of a severe Bilious remittent type complicated with an aggravated form of gastro enteritis.

I was called to see Mr. Loyd Bennett, on Sunday the 19th of November, '54. Before proceeding to point out the symptoms as I found them at that date, I will give you an account of the case as I learned it from himself and wife prior to this time, to wit: For about three weeks previously he felt unwell but still attended to his daily employment, that of a house carpenter. During the time he gradually lost flesh and had no appetite, with languor and listlessness, &c., &c., with an occasional chill, until the 16th of November, when he felt so ill as to apply for medical aid. He applied to Dr. Lewis, and the Dr. prescribed an emetic, and after the action of it a dose of calomel; the emetic operated freely both *per orem et anum*, the calomel produced two or three actions on his bowels on the 17th and 18th; but from this, emesis commenced on the 19th, the time I first visited him, when the following symptoms were present:

Age about 45; temperament, bilious lymphatic; trade,

mechanic. Usually enjoyed good health. *Pulse* about 145 to 150, feeble; *eyes* injected; *skin* of an icterode hue; *tongue* heavily coated on the back, part with a brown fur belt for about an inch and a half, from the tip it was very red and cracked; *breathing* difficult; *thirst* was intense; *vomiting* severe, and the matter ejected was of a dark grumous character, having the appearance of arterial blood mixed with the secretions of the stomach, and similar to the black vomit of yellow fever; *complained of an intense burning* in the *stomach* and *bowels*; *epigastrium* tender on pressure as was also the right *illiac region*; bowels were constipated, having had no action for twelve or fourteen hours previously; *features* were pinched and eyes sunken. His urine was scant and of a brick dust color. His extremities were cold, both superior and inferior. These were the symptoms so far as I observed them on the morning of the 19th of November, 1854. I diagnosed the case as severe Bilious remittent fever with a complication of gastro enterites, but the wiseacres of the neighborhood shouted milk sickness, but I must say that similar cases occurred when I had charge of the United States Army Hospital, in that hospital where the men were not allowed milk and did not use it at all. I omitted to state that there were two distinct chills every twenty-four hours, and when the patient was first seen by me had had a chill which lasted about an hour, and about ten hours afterwards had two very severe chills when I was summoned to see him as those around him thought him dying.

Treatment, &c. I applied a sinapism over the entire bowels and stomach letting it remain about twenty-five minutes, this procured relief. I then immediately applied a large blister over the epigastrium. Gave ice to eat, *ad libitum*, and forbid him to have any water. To action upon the bowels, I gave the following:

℞ Comp. powd. of Jalap ʒi

to be repeated in two hours if no operation was procured. It was repeated, still no catharsis, and as was supposed, and no

doubt justly, he threw the second powder up. I then gave the following:

℞ Comp. powd. of Jalap ʒi.
Olei Tiglii gtts iij.
Sulphur ʒi mx.

to be given at once. This was repeated in three hours, when he had four free evacuations, and the blister having drawn well, the vomiting ceased; slept some during the night, perfectly rational.

Nov. 20th. His case I looked upon as a critical one, and had Dr. O. S. Lindsey called in this morning in consultation. Symptoms—vomiting arrested. Pulse 145 to 150, feeble; extremities still cold, tongue as yesterday, thirst intense, &c. This morning he took

℞ Olei. Ricini ʒi.
Spts. Terebeth, ʒij. mx.

at once, and the following powder every two hours after, until free catharsis was procured.

Soc. aloes grs. xv.
Sulphur grs. xx. mx.

one every two hours. Sinapism to be applied to extremities, and rubbed with red pepper and whisky warmed, and a warm rock to his feet, ice and no water.

Nov. 21st. Seen by Dr. Lindsey and myself. No material change except the pulse which was about 108; bowels freely moved the night previous. Continue medicine of yesterday and applications. To take chicken water for nourishment.

Nov. 22nd. No decided change from yesterday. Refused to take the aloetic powders and we substituted the sedlitz powder, alternating it with the sulphur alone; this acted freely. Diet, chicken water. Extremities, nothwithstanding all the applications, still cold. Slept none for twenty-four hours. Sliding down in the bed and picking the bed clothes to-day.

Nov. 24. Sinking. Put upon Port wine, quinine and chicken water. Slept last night from a Dover powder at bed time.

Nov. 25th. Still sinking. Continued treament of yester-

day. Slept none last night. Extremely restless, Gave him a powder of ℞ Morphine gr. ⅛.

Camp. Pul. grs. iij. mx.

to be repeated in four hours if necessary. This quieted him.

Nov. 26th. Sinking rapidly. Continued wine alone, and chicken soup.

Nov. 29th. He died this morning about 3 o'clock, A. M. Until about 16 or 18 hours before death, the extremities never got warm; and shortly before the radial pulsation ceased, his extremities become warm.

This is a description of what is called a fatal case of milk-sickness, but such cases I have seen in the Newport Hospital where milk had hot been used for any purpose.

Case Second.

Mr. Henry Northcutt was attacked similarly about the same time, and I was called in to see him. When I saw him he had had a chill of some three hours duration, and all his symptoms closely resembled those of Mr. Bennett in the early stage of his attack. I gave the following prescription:

℞ Hyd submur. grs. xx.
Sulph. Quinine grs. xl. mx.

for a dose. I repeated it in six hours when full quininism was established and the patient convalescent. From this out he merely took the aloetic powder to open his bowels. He is now well.

Case Third.

Mrs. W. was attacked similarly. Her puking was arrested by a blister, and by the quinine and calomel. Her chill was arrested and fever broken up. Here is a singular phenomena. It is confidently asserted that the cow that gives milk will not suffer, but that the calf will die from sucking the milk, and that any animal giving milk will be exempt from the disease. Now Mrs. W. was nursing her seventh child. She had the trembles and her child throve finely all the time.

I will send some other cases.

Very respectfully, THOS. R. W. LEFFRAY, M. D.

Reviews and Notices.

A Practical Treatise on Foreign Bodies in the Air Passages. By S. D. Gross, M. D., Professor of Surgery in the University of Louisville; Member of the American Philosophical Society; Author of "Elements of Pathological Anatomy," A "Treatise on the Diseases of the Urinary Organs," etc. etc. With illustrations. Philadelphia: Blanchard & Lea. 1854.

Four hundred and sixty pages on "*Foreign bodies in the Trachea*"!! Well; accidents of this class are very common, and there are few in which greater danger to the life of the patient is involved. They require ready skill in diagnosis, and a prompt, energetic, and intelligent operator to remove the offending body from the air passages before it is too late; and perhaps the size of this volume is not disproportioned to the importance of the subject. At least it has the merit of being a full and comprehensive treatise on foreign bodies in the air passages. A large number of the pages is devoted to the report of cases, ordinary and extraordinary, that have occurred, not only in the Author's practice, but in the experience of Foreign and American practitioners. These cases are mostly illustrated by cuts, showing the shape, form and size of the offending body in each, after its extraction; and as we find among them several well executed engravings of water-melon seeds, grains of Indian corn, and ten-penny nails, differing in no respect from those that we see every day in the ordinary walks of civilized life, we presume the work is designed to have a wide circulation among Esquimaux Indians, or the Bedouins of the desert, where the forms of grains of corn, ten-penny nails, and water-melon seeds, are seldom deeply impressed upon the senses. On passing over the main body of the work, however, we find it exceedingly interesting and instructive, both in the reports of the numerous cases, and the comments of the author; we only demur at what we conceive to be a waste of ink and paper, in relating various cases that differ from each other only in the name, and not in the nature of the foreign body, and where no pathological, or practical difference is discernable. For instance; by turning to the index we find twelve pages, in various parts of the book, appropriated to melon seeds, sixteen to grains of corn, and nineteen to beans—forty-seven pages given

to corn, beans and melon seeds; and yet, on examining those pages, we do not perceive the slightest difference between the three classes of cases, that could be attributed to any peculiarity of the foreign body. We do not gather from all the cases one symptom that would enable us to distinguish between a grain of corn, a melon seed, or a bean, in the trachea without the history of the case, nor do we find that the management of the cases should be varied in any particular, because we have corn in one, a bean in the other, or a melon seed in the third. Now if our author had desired to economise ink and paper, as well as the time and patience of his readers, he might have devoted five pages to cases, and two to comments, and made a clean saving of forty pages out of the forty-seven appropriated to melon seeds, corn, and beans; and if the same "cutting down" process had been applied to the whole work, it would present readable proportions more in accordance with the condensing, telegraphing spirit of the age.

On the last seven pages, we find the pith—the marrow of the work, arranged under the head of a "*General Summary*," which is extremely valuable, and of itself worth the whole price of the book. But in this general summary, (in our present fault-finding mood,) we see several points to which we must note exceptions.

The conclusions that our author deduces from the cases presented in the body of the work he arranges under four heads—diagnostic, pathological, therapeutical, and operative. He presents us with thirteen diagnostic axioms.

Axiom 1st. "Any substance, whatever may be its form, *provided it be not disproportionably large*, may enter the larynx, and thence descend into the trachea and bronchial tubes."

We find no fault with this self-evident truth, for no person would say that a camel could not go through the eye of a needle if he was not disproportionably large.

2nd. "The entrance of the foreign body is usually effected during a strong and sudden inspiration, *while the epiglottis is off its guard*, the glottis expanded, and the larynx quiescent."

We doubt the assertion that the epiglottis is ever off its guard, for we believe that its vigilance in protecting the larynx from encroachment is always the same, so far as it was designed by nature to govern the opening of the glottis, but its guardianship does not extend to the act of inspiration, but is confined chiefly to deglution.

In these two distinct vital acts, which are never operating at the same instant, the epiglottis plays very different parts. During the act of inspiration it is passive, and reclining on the base of the tongue, in deglutition, it is actively flexed over the glottis to prevent foreign bodies from entering that opening. If, during the inspiratory act, a body, "provided it be not disproportionably large," is thrown fairly into the in-rushing current of air, it *will* enter the larynx in spite of the most wide-awake vigilance of the epiglottis. The reason why we do not more frequently meet with this accident, is simply this; the organs of respiration, and deglutition, act in such perfect harmony, that it is seldom that a solid substance gets into the current of air as it enters the larynx.

From the third to the ninth axiom, we see nothing but what we can cheerfully approve; but, as our author is alike above our praise or censure, we will not occupy time and space with the encomiums that we feel are due to his merits, but we must pause a little to examine the ninth proposition.

"When a foreign body plays up and down in the wind-pipe, as it often does when it is light and small, it always excites violent coughing and suffocative symptoms, very similar to those produced at the moment of its entrance. Under such circumstances, the patient can frequently feel the extraneous body as it impinges against the trachea and larynx. *It is not so certain, however, as some have alleged, that the surgeon can hear and feel it by the application of the ear and fingers to the wind-pipe. Such an occurrence, at all events, must be very unfrequent.*"

Shade of Laennec! Can there be found a single student that has trained his ear by the inestimable rules of auscultation that you have taught, that would acknowledge himself unable to hear the sound caused by a bean, a melon seed, or grain of corn, when thrown against the larynx in the violent throes of expiration? We have seen several such cases, and in all, no symptom was more clear, more distinct, or more decisive, than this single one, detected by auscultation.

In the tenth axiom is the following statement:

"A bulky body, relatively considered, may entirely fill the bronchial tube into which it may happen to fall, *and thus give rise to complete collapse of the corresponding lung.*"

How, we would respectfully inquire, can the stopping up of a

single bronchial tube, or even the closure of one entire bronchus, give rise to a complete collapse of the corresponding lung, unless the wall of the chest is at the same time perforated to admit air, or an effusion takes place in the cavity of the pleura, corresponding with the collapsing lung? We have supposed that the lung could not collapse from the wall of the chest, without the admission of air, or some compensating body into the cavity of the pleura to avoid a vacuum, and in what way the stopping up of a bronchial tube can do away with this necessity, we do not clearly comprehend.

We will here drop our fault-finding strain, and turn to the bright and more pleasing side of the picture. A complete work on the subjects of which this treats, has long been a desideratum to the surgical profession,—there being none extant, giving more than a partial glance at accidents to the air passages. We feel proud, as all western men should feel, that this work has sprung from the pen of a western author. Dr. Gross is well known as a fluent and instructive writer, and an eloquent and experienced teacher, and the above strictures on his last production, are not designed to detract in the least from his well-earned and deserved reputation, nor to lessen the sale of his book, but are made in that spirit of kindness and candor which is alike due, from a review of a work, both to his readers and to the author.

This book should find a place in every medical library, for its faults, if there be any, will be found to sink into insignificance when compared with the amount of good that it contains.

For sale by H. W. Derby.

Auscultation and Percussion. By Dr. Joseph S. Koda. Translated from the fourth edition. By W. O. Markham, M. D., Assistant Physician to St. Mary's Hospital.

The author of the above work has long occupied a commanding position as a clinical teacher in Germany, and his valuable contributions on thoracic diseases have rendered his name familiar to the student of medicine in this country.

In the work before us, the author examines at length the views and opinions of Laennec; and although he does not differ from that distinguished auscultator as to questions of *fact*, yet they often widely differ as to the *explanation* of fact. And the difference is,

mainly, as to the Voice Sounds. Laennec explains this by the laws of *conduction of sound*. He considered the lung, in its normal state, to be a bad conductor of sound, and that the conducting power is increased by whatever produces consolidation of the lung parenchema.

Our author takes issue on this explanation, and offers a new and somewhat novel one, based upon what he calls *the law of consonance*. Thus, when one body assumes the same vibrations with another, or when it produces the same note, it is said to consonate with this body. He applies this law especially to his explanation of bronchophony, and rejects entirely the explanation that the sound-conducting power of consolidated pulmonary tissue has any thing to do with this voice sound. He cites in illustration of his theory the fact that if we repeatedly auscultate the thorax of a person suffering from hepatization of the lung, we shall find the thoracic voice at one time increased and another diminished, without any alteration taking place in the lung. He regards this phenomena as opposed to the idea of bronchophony depending upon the superior conducting power of the hepatized lung. Many facts are cited to prove that it is the *air in the chest*, and not the parenchema of the lungs, that consonates with the voice, and that the strength of the consonance depends upon the *walls* which surround the space. A space surrounded by *solid* walls produces the greatest consonance; while in a linen tent the sound is but little increased. The cause of the loud voice produced by the speaking trumpet is well known. The air in the trachea and bronchia consonate with the voice just as far as their walls resemble those of the larynx. Thus in the trachea, the walls of which is composed of dense cartilaginous rings, the consonance of the voice is nearly as forcible as the voice itself heard in the larynx. But as the bronchial tubes pass into the parenchema of the lungs, their cartilaginous rings gradually disappear, the finer divisions of the tubes being mere membranous canals; and it is only when the tissue of the lung around the tubes becomes *deprived of air*, that the bronchial or voice sound is heard.

Such is a very brief account of Skoda's theory of the bronchophonic voice. The work is throughout fruitful in suggestion; and although we may be slow to reject the explanation of the voice sounds as given by Laennec, and generally concurred in by all writers on thoracic diseases, yet Dr. Skoda's work cannot fail to be

of service to the thoughtful student. Every physician who desires to study the subject should procure the work.

For sale by MOORE, WILSTACK & KEYS.

Manual of Human Microscopical Anatomy. By A. KOLLIKER, Professor of Anatomy and Physiology in Wurzburg. Translated by GEORGE BUSH, F. R. S., and THOMAS HUXLEY, F. R. S. Edited, with notes and additions, by J. DA COSTA, M. D. Illustrated by Three Hundred and Thirteen Engravings on wood. Philadelphia: Lippincott, Grambo & Co. 1854.

The unassisted eye has gone as far into the structure of the human frame as it is possible for it to reach, and it is probable that every organ large enough to be detected by the naked eye, has already been discovered, but the microscope leads us into a new field of wonderful discoveries, both of structure and function.

The press has been rather fruitful in the production of works on Microscopy, in the few years just past, but the largest portion of the pages of these productions, has been given to comparative, instead of human histology, and this is the only complete work that we have met with, that is devoted exclusively to the microscopic examination of human anatomy.

It would be useless for us to attempt a review of this work, for the text is so fully illustrated by engravings, and is so intimately associated with them, that we cannot extract any part as a sample of the style, without weakening its force, for the want of its accompanying illustration. The book must be read and studied before an adequate idea can be formed of its value. It comes from such high authority and is endorsed by such competent judges, as to make it at once indispensible to the student of microscopic anatomy.

For sale by MOORE, WILSTACH & KEYS.

On the Nature, Signs, and Treatment of Childbed Fevers; In a series of Letters addressed to the Students of his Class. By CHARLES D. MEIGS, M. D., Professor of Midwifery and Diseases of Women and Children, in Jefferson Medical College, Philadelphia, etc. etc. Philadelphia: Blanchard & Lea. 1854.

It is sufficient for us to announce another work from the pen of Dr. Meigs, to deeply inspire the profession with an anxiety to ob-

tain and read it. Dr. Meigs has written much, and has written well, and profitably to the profession, though, as in all the productions of voluminous writers, there must be some imperfections, yet on the whole we believe few writers on medicine have given more general satisfaction, or have had their books more extensively read than Dr. Meig.

This book is written in the form of a series of letters addressed to his students. The first letter, which may be considered as a preface to the work, is given to an explanation of his "motives for writing these letters." These motives are arranged under two divisions, and when we sum them up they amount to these very important facts; That such a work is demanded by the wants of the Profession and the public, and that he, (Dr. M.) is the very man to write it. His ninth motive however we must give in his own language.

"9th. Further I am now sixty-two years of age and first began to be conversant with medical affairs in the year 1809. I have had a very large and long experience in practice. I have written and published, various essays, chapters and lectures on this very subject. During many years I was connected with an establishment here for giving private lectures on medicine, and it is now near fourteen years that I have had the honor to be one of the Professors in the Jefferson Medical College at Philadelphia.

"All these circumstances give me a warrant to speak, by this volume, on the subject of childbed fever; and as I conscientiously believe that another treatise is demanded, in the present state of our knowledge on this subject, I shall, therefore, keeping in view the warning and protest of the good German professor and philosopher, address myself to this task. If I have, indeed, attained to the full possession of the idea of childbed fever, both as to form and substance, my labor shall not prove to be vain; not that I suppose myself to be in possession of knowledge in this matter that other men have not dreamed of, for I have no such vanity. I only hope, and humbly trust, that my laborious life has not been in vain devoted to studies connected with this department of science, and earnestly desire, before I depart hence, to make one further acknowledgment of that debt I owe to those American brethren who have sustained me by their good opinions during so many years—all that I am, and have, being due to them; since I conceive that

an American physician who is cast off and rejected by them is lost already."

In the above paragraph we find a sufficient guarantee that the work is the result of extensive experience, and as such, must embody much that is original and useful.

For sale by H. W. DERBY.

The following pamphlets have been received, for which we are indebted to their respective authors. A want of space will not permit us to give a complete analysis of their contents:

Insanity in Italy. By JOHN GALT, M. D., Superintendent and Physician to the Eastern Asylum of Virginia.

We find in this pamphlet, much statistical information, valuable to those who may be engaged in the management of the insane.

The Hydrography, Topography, Geology, Climate and Epidemics of Montgomery County, Ohio. By H. GATCH CAREY, M. D., Dayton, O.

The same appears in the Transactions of the American Medical Association, and was printed by order of that body at its last meeting in St. Louis.

Congestion of the Brain in Cholera. Its Etiology, Diagnosis, and Treatment. A paper read before the Buffalo Medical Association, Oct. 3d, 1854. By JAMES M. NEWMAN, M. D., Health Officer.

The symptoms and treatment of this formidable *sequel* of Cholera, are related with accuracy, showing the author to be a close observer of the phenomena of disease, and, judging from the cases given, his practice was singularly successful.

Report on the Epidemics of Ohio, Indiana, and Michigan, for the years 1852 *and* 1853.

Prof. GEORGE MENDENHALL was chairman of the committee appointed by the American Medical Association, to make the above named report, and to him we are under obligations for this instructive pamphlet. It was printed by order of the Association, and embodied in its transactions, covering 132 pages of that valume: but it bears well a separate existence, and should be widely circulated over the Ohio and Mississippi valleys.

Transactions of the Medical Society of the State of Pennsylvania, at its Annual Session, held in the City of Pottsville, May, 1854. *Vol. IV.* Published by the Society.

One hundred and seventy pages, containing many valuable papers that were read before the Association.

On page 39, a remarkable case of empyema is reported, by JNO. P. HIESTER, of Reading, Pa. The Doctor "made a free opening with a sharp pointed, narrow bistury, and drew off, at different times, *fully ten pints* of thick, healthy looking pus."

"After the fluid was discharged, the opening closed kindly, and the patient soon regained his *embonpoint*, and is now at work."

An Introductory Address, delivered to the Students of the Miami Medical College, of Cincinnati, Oct. 30th, 1854. By JOHN A. MURPHY, M. D., Professor of Materia Medica and Therapeutics.

Every page of this address is marked by the vigorous thought of the author. He throws, frankly before the students, the hardships, the trials, toils and privations of a professional life, and advises all faint hearts and weak heads, who wish to walk "in paths of pleasure or repose on beds of roses," to change their course before entering the Medical profession. He walks over the various Humbugs of the day "rough-shod," and gives to his hearers a lesson that must have fixed in their minds a holy contempt for Quackery in all its varied forms.

Progress of Medicine.

FRANCE.

DISEASES OF FEMALES.

Instrumental Treatment of Uterine Displacement.—[This subject was recently brought before the Academy of Medicine, Paris, by the report of two fatal cases from the use of the Uterine Catheter, one by Dr. BROCA, and the other M. CRUVEILHIER. The subject created great interest and a committee was appointed to report upon it; the report was drawn up by M. DEPAUL. We copy a condensed statement of it from the *Edinburg Monthly Journal.*] In commencing his report, M. Depaul undertakes to prove: 1. That uterine affections, usual-

ly attributed to displacement, have an entirely different origin. 1. That in most of the alleged cases, another more frequent pathological condition, which produces uterine symptoms and even sometimes causes displacement, has been overlooked. 3. That science possesses a simple and rational treatment for displacements, as efficacious, or more so, than intra-uterine pessaries. 4. That the facts adduced in favor of the treatment by these instruments, only show their entire inefficiency; and 5. That we must take into serious consideration the numerous facts which prove that the most formidable affections and even death itself, may be the consequence of these manœuvres, which are besides, on their first aspect, *repugnant to common sense!* (*repugnent a la raison.*)

Instruments.—Before proceeding to these points, the reporter specifies the instruments used in the treatment of uterine displacements, to which allusion is made. These are of two kinds (sufficiently well known in this country): The *Uterine Sound*, of Simpson and Kiwisch (Recamier and Amussat had previously used a similar instrument.) This instrument, which is of undoubted service in diagnosis, is also used to restore the displaced uterus to the normal position; but it is never left permanently in the uterus. 2. The *passaries*, of different kinds which are used for the replacement and permanent support of the uterus, remaining for a considerable time in its cavity. These are known as Sampson and Kiwisch's, although the original idea of the invention is claimed for Amussat and Velpeau. They are—1. The wire pessary, or pubic pessary, having a stalk to support the interior of the uterus, in connection with an apparatus resting on the pubis. 2. The spring pessary. 3. The ball pessary, with the stalk for introducing it. 4. The galvanic pessary, made of zinc and copper. 5. The dilating pessaries, used in obstructive dysmenorrhœa, sterility, etc. The three last instruments consist of a metalic stalk which is passed into the cavity of the womb, and is fixed on an oval disc or ball. Although the use of the uterine sound is not without danger, it is principally against the intra-uterine pessaries that the criticisms of M. Depaul are directed.

Pathology, etc.—The reporter then enters on the first division of his subject, viz: The Pathology of Uterine Displacements. *What is the normal direction of the uterus? What are its displacements? Do these displacements produce the symptoms which have been ascribed to them?* M. Depaul does not agree without reserve with Cruveilhier, and others who maintain that the uterus has no certain direction; and he

rejects the opinion of Boulare and Verneuil, that ante-flexion is the normal position of the womb. He maintains that however liable to vary from accidental causes, the uterus is placed normally in the direction of the axis of the brim of the pelvis. When the axis of the uterus is more inclined in any one direction, we have either, *ante*, *retro*, or *latero-versions*. When the whole uterus is pushed from its position, we have total *displacement*, (*refoulement*), which may also take place *forwards*, *backwards*, or *laterally*. When the uterus is bent on itself, *ante*, *retro*, or *latero-flexions*, are produced. There are also, more rarely, *flexions of the neck on the body* of the uterus; and *inflections* of the uterus, where it is curved once, or twice like the letter *S* italics. Another condition which may exist alone, or combined with the preceding, is the *descent* of the uterus (*abaissement*), generally the inferior extremity, but sometimes the middle, or possibly even the upper part of the uterus passing low down into the pelvic cavity. These displacements by descent appear to have been overlooked in France by those who used the "instrumental treatment" ("*traitement mecanique*").

These different displacements are so common, that more than half probably of the female sex are subjects of them, and would require treatment, if these conditions were really diseases. But such is not the case; their influence has been greatly exaggerated, and it may be shown that the *symptoms attributed to these deviations belong to some other pathological condition.* In a critical analysis of M. Valleix's cases of displacement, treated by the intra-uterine pessaries, concomitant disease of the uterus, as hypertrophy and engorgement, or granulations and ulcerations of the cervix, leucorrhœa, etc., are found to have existed in the largest number; in a few, the uterine deviation discovered only after death, had produced no symptoms during life; and in some the morbid symptoms remained after the uterine displacement had been corrected. The cases of M. Gaussail analyzed in the same way, are similarly complicated. The symptoms of all the patients were much alike—viz., uneasiness in walking, pains in the loins, white or sanguineous discharges, constipation, and difficult micturition, and disorder of digestion. Yet all these affections are ascribed by M. Valleix and Gaussail exclusively to the displacement, taking no account of the hypertrophy, ulceration, or other diseased state of the uterus, which existed at the same time. The facts of M. Piachaud (pupil of M. Valleix) are of the same inconclusive stamp as the preceding; but he adds that he has

witnessed dangerous (*graves*) hæmorrhages, and in two cases perforation of the uterus in consequence of the use of the pessaries!

If in these cases, complicated with other lesions, the symptoms cannot be with certainty referred to the deviation exclusive of the lesions, still less is there evidence to show that the deviations *alone* give rise to serious symptoms. MM. Dubois and Lisfranc declared that displacements were innocuous, unless attended with pathological lesion or chronic inflammation. In a number of cases of displacements of all kinds observed by M. Gosselin, at the Lourcine, none of the women had any uterine complaint whatever; in a number of other cases, where uterine pains existed, there was no displacement, and the pains were owing either to inflammation or neuralgia; and in a third set of cases, where both uterine pains and displacement co-existed, the pains ceased after repose, and the use of antiphlogistics, narcotics, etc., although the displacement persisted. In 27 cases of simple deviation, observed by M. Depaul, only two had any uterine symptoms whatever; the one (anteflexion) had more frequent micturition, and a sense of weight after long walks; the other (descent of uterus) had pains in the inside of the thighs, and a feeling of weight in the pelvis, and that only, after fatiguing exertion. Moreover, in diseased states of the uterus, if the morbid condition of the organ is cured, the painful symptoms entirely disappear; and every day's experience proves that all the uterine symptoms may be produced by lesions of the organ, unattended by any displacement whatever, to which they could possibly be ascribed. For the truth of the latter statements, the reporter appeals to his own and to the general experience of the profession.

With regard to the influence of the dilating pessaries on sterility, M. Depaul has similar objections, viz.: that in the facts observed, no adequate account has been taken of concomitant pathological conditions; and he maintains that displacements and flexions could only cause sterility when of very old standing, where the uterus is almost always atrophied, and dilatation consequently useless.

Admitting, however, that in a *very small number of cases* the mere displacement of the uterus may disorder the health, or may have an injurious influence on co-existing diseased conditions, M. Depaul believes that there exist numerous efficacious methods of treatment which do not compromise the health or life of patients. Of these means, he enumerates, rest, fixation of the uterus (*immobiliser l'uterus*), taking off

the weight of the intestines, avoiding tight-lacing, using hypogastric belts, and lastly, the different pessaries (not intra-uterine) particularly that of M. Garriel, composed of caoutchouc distended by air; also stuffing the rectum in cases of retro-version, as practiced by M. Huguier. He also mentions the pessaries in whalebone of Dr. Mayer, and that of caoutchouc of M. Joret. He discountenances the use of cauterizations to produce adhesions for the purpose of replacing the uterus.

Cases.—The most interesting inquiry in a practical point, however, is an examination of the *statistics of the treatment by intra-uterine pessaries.* The number of cases published amounts to about 180, and of these, according to M. Valleix, 129 were cured. A result, at first sight so strongly in favor of the treatment, is, however, completely reversed by the history of the cases themselves. The reporter here gives a short analysis of M. Valleix's cases, twenty in number, of five cases by M. Gaussail, and three by M. Piachaud. With regard to Dr. Simpson's practice he was unable to give the results, as that gentleman, when applied to, had, he said, communicated only assertions without proofs; he could only, therefore, give an idea of his success from the information received from indirect sources. It would be tedious to give the whole of these cases; we subjoin a few to show the method of analysis, and how inconclusive the cases are, or rather how they are turned into evidence against the treatment they were published to recommend.

Valleix's cases.—Fifth case. C., æt. 31, some years after accouchment suffering from hysteria, leucorrhœa, fatigue in walking, and weight in the pelvis, for which she was treated by repeated leeching. Coming under M. V.'s care in 1851, she was pale and anæmic; the uterus was voluminous, not painful, lying transversely forward. *On the anterior lip, which was red and voluminous, there was a prominence of a deep color, presenting in the middle a little white point.* The neck was cauterized on three successive occasions with the acid of nitrate of mercury. Afterwards, catheterism was practiced six times, leaving three or four days interval. At the end of a month the uterus was replaced in its normal situation. *The cauterization was then resumed and repeated thirteen times during nearly two months.* There was no accident, and the cervix was cured. That cure, ascribed to the uterine sound, ought plainly to be attributed to the cauterizations. Several of the other cases are very similar to this.

Ninth case. Anteflexion with hypertrophy, the uterus be-

ing heavy, with little mobility, the sound penetrating seven centimetres. The intra-uterine pessary (*redresseur*) having occasioned dangerous symptoms, an energetic antiphlogistic treatment was employed, in consequence of which the patient was cured.

Thirteenth case. Retroversion, and chronic metritis with ulcerations and numerous red granulations. The intra-uterine pessary was applied once, and left in for a fortnight; long after this the patient underwent treatment for anæmia, neuralgia, and for a fissure of the anus which had been overlooked at first. The cervix was cauterized for several months.

In others of his cases there appears insufficient evidence of the state of the uterus, or even of the cure which is reported to have ensued. M. Gaussail's cases are generally complicated with metritis, and such varied and prolonged methods of treatment were used, that it is difficult to ascribe the cure to any one in particular. His fifth case he concludes by admitting that "*the treatment (by intra-uterine pessaries) had produced no amelioration — the patient felt more fatigued in walking, standing, or by simple movement of the arms. The modifications in the position of the uterus were hardly recognizable. The patient and the medical man were convinced that this treatment could no longer be endured.*" M. Piachaud's cases have already been alluded to. In addition, two cases are quoted, observed by M. Gaub, in which all the morbid symptoms were cured, although the use of the pessary failed to replace the uterus.

The last case given is one of anteversion, where the patient, dismissed cured from hospital by M. Valleix, returned next day in as bad a condition as ever. Scanzoni, in Canstatt's Jahresbericht, states that in twenty cases of displacement, where he tried the mechanical treatment, he did not once obtain a permanent cure. It appears, moreover, that M. Valleix has been continually *improving* the intra-uterine pessary, by diminishing the length of the uterine stalk, till at last he has given it up altogether, and uses only the temporary introduction of the uterine sound, but always, he assures us, with the same successful results.

Having examined the statements of the principal partizans of this mechanical treatment in France, viz.: MM. Valleix and Gaussail, etc., M. Depaul proceeds to show that this treatment has no greater favor or success in other countries, particularly Great Britain. In regard to Dr. Simpson's practice, he quotes from an eye-witness, that although in many cases the

relief is immediate, and in a few instances the instrument can be worn with impunity for months or even years, yet in *the great majority of females* some morbid state of the uterus or its appendages, etc., comes on; hæmorrhages, rectal fissures, ulcerations of the rectum, metritis, metro-peritonitis, pelvic abscesses, were pretty frequent consequences, and more than once death was the final result. Drs. Churchill, Ashwell, and Gream's statements are quoted as to the dangers of the treatment, together with Dr. Robert Lee's case, where the pessary or, as he calls it, the impaling machine, was extracted from the uterus. Two fatal cases of peritonitis caused by the passaries, described by Dr. Oldham; his strongly expressed opinions against the practice; the similar views of Montgomery of Dublin, and Matthews Duncan of Edinburg, are adduced as strong evidence of the unfavorable estimation in which the practice is held by a large number of eminent obstetricians.

The same objections which have been made to the pessaries are also applicable to the uterine sound or catheter (*hysterometre*), especially when used to replace the uterus in position. According to Depaul, in the vast majority of cases, it is unnecessary even for diagnosis; it may even lead into error, and its use is not exempt from serious dangers. Gueneau de Musay has recorded a case of fatal peritonitis in consequence of passing the uterine sound; three cases of abortion in the early stage of pregnancy, and one case of abortion and death has occurred in the practice of Huguier, Nonat, and Valleix. M. Depaul then passes under a final review the cases of Valleix, Gaussail, Piachaud, Huguier, Nonat, etc., and finds in nearly every one some of the following results from the use of the intra-uterine instruments: hæmorrhages nearly in every case, and sometimes of dangerous amount; uterine and abdominal pains; rigors and fever; syncope and phlegmonous inflammation around the uterus, or in the iliac fossa; metro-peritonitis. A case of enormous phlegmon in the neighborhood of the uterus is given in detail from M Cazeaux; one of metro-peritonitis from M. Gaube; six cases (one fatal) from M. Nonat, in none of which was the displacement benefitted by the treatment, which gave rise to the dangerous complications, pelvic abscesses, metro-peritonitis, etc.; and this enumeration is summed up by the fatal cases of MM. Broca and Cruveilhier, which originated the inquiry before the academy; followed by four fatal cases from the practice of MM. Valleix, Nelaton, and Aran, and the testimony of Maisonneuve that similar accidents have occurred in his hands.

Conclusion.—In the majority of females, uterine displacements do not injure the health, and constitute a mere deformity without importance. Where displacements co-exist with inflammation or neuralgia; when the latter affections are cured, the former disappear, or, if they persist, are quite innocuous. The small number of simple displacements which occasion inconvenience are easily and safely treated by simple methods without incurring the dangers of the intra-uterine instruments, which, even when they momentarily replace the uterus, fail to fix it in the normal position. The facts adduced to show the efficacy of the mechanical treatment have been wrongly interpreted, and the cures ascribed to it have been owing to other means employed at the same time. The fatal cases observed both in France and England are numerous enough to show the perils of this treatment, and to warn its boldest partisans. In addition to the mortality, the other dangers are of the most alarming kind; pains—sometimes agonizing, hæmorrhages, anæmia and nervous disorders, rigors, fever, syncope, peritonitis, pelvic abscesses, metro-peritonitis, etc., not to mention the cases where the treatment could not be endured. The uterine sound, of great advantage in the diagnosis of certain affections, is very often of no service, and from the great risks attending its use, should be reserved for the exceptional cases which require it; and, finally, that the different intra-uterine pessaries ought to be proscribed, because they are useless, and impotent to produce the good effects expected from them, and they subject the patients to the most serious dangers.

ENGLAND.

SURGERY.

Advantages of operating in certain cases of Hare-lip at a very early age. By Henry Smith, Esq.—It is obvious in the first place, that an infant with hare-lip cannot so readily take in that nourishment which is offered by nature. If, however, the deformity be remedied, the child will be placed by the aid of surgery in a much more favorable condition to receive the nutriment afforded by the mother's breast. It is plain, too, that the deformity excites most unpleasing and painful sensations in the mind of the mother and those around her; and, if the source of this anxiety can be removed at once, it is of great importance that it should be accomplished.

A third argument in favor of very early operation for hare-

lip consists in the circumstance, that as the growth of the child is very rapid in the first period of life, the lip, with other structures of the body at this time, becomes more fully and fully developed, and thus, after an operation has been successfully performed, there will be a much less chance of subsequent deformity in the part. But it is in those instances where the hare-lip is complicated with a more or less extensive fissure in the palate that an early operation for the cure of the former is so imperatively demanded, and is attended with some beneficial results; and it is to this point especially I wish to draw attention, because, although in some recent works of surgery an operation at an early period after birth is recommended, (and I may especially allude to the *Practical Surgery* of Professor Fergusson, and to the *Surgeon's Vade Mecum*, by Dr. Druitt,) the most important reason for such a proceeding is not alluded to. And I now refer to the effect which is produced upon the fissure in the hard palate by the approximation of the edges of the lip. As long as the hare-lip remains in its primitive state, there can be no pressure upon the hard tissues underneath; but, if it be united by the surgeon, a considerable amount of pressure is exerted upon the edges of the cleft in the palate; and, in a child aged only a few days or weeks, the bones are so soft and compressible, that they are to a great extent influenced by the pressure which constantly obtains, and in the course of time the fissure becomes either entirely closed or diminished in size to one-third or one-fourth of its original extent.

I have had various opportunities of noticing this effect in instances where a very early operation has been performed for hare-lip, complicated with more or less extensive fissure in the hard palate; and so convinced am I of the importance of performing the operation as soon after birth as possible, that I invariably recommend it. And it has fallen to my lot to be called upon to perform the operation very soon after birth, where there has been, at the same time with the hare-lip, considerable malformation of the palate; and I have been able to notice the result some length of time afterwards. More than three years ago I operated upon an infant only four days old; here there was an extensive fissure extending through the hard palate into the nostril. I had an opportunity of seeing this child only a few days since, and the opening in the front portion of the palate was closed up. In this case the soft palate was extensively cleft, and that still remains open; but the parts altogether are in such a condition that, some years hence, they

may be completely closed by staphyloraphy. A few weeks since, a little patient was brought to me, on whom I operated at a very early age, two years ago. In this instance, there was a fissure in the hard palate, and great deformity of the jaw, a portion of which I removed at the time. There is now an admirably developed upper lip, and complete closure of the opening which existed in the palate. In another instance, where I operated at an early period, there was an immense chasm running through both soft and hard palate into the nostril. I had an opportunity of seeing this patient a few days since, and found that the anterior portion of the cleft was much diminished in size. The operation was done more than a year ago.

Mr. Bateman, of Islington, who pays great attention to this matter, operated, three years since, upon an infant only four hours after birth. In this case there was an extensive fissure in the palate. This gentleman kindly showed me this case, and, in reply to my inquiry regarding the effect which the operation had had upon the palate, he wrote word the other day that the child had died of whooping-cough last winter, but that its mother remarked that before death the fissure, which had at birth been "so large that she could put her thumb into it, had contracted so much that it would scarcely admit the edge of a sheet of writing paper." About a month since I operated upon an infant only six days old, with perfect success. In this case I was partly induced to perform the operation at this early period, because there was a fissure in the hard palate, extending into the nostril. I have little doubt that, in time, if the child lives, the fissure will be completely closed.—*Med. Times and Gaz.*

UNITED STATES.

Case of Death by Chloroform. By G. Huff, M.D., Lexington, Ky.

A married lady, 33 years of age, very tall, with auburn hair, and of a nervous temperament, with very large anterior cranial development, and a powerful intellect (she had studied law, medicine, and divinity), who was suffering with neuralgic pains in the lumbar region a short time since, desired me to administer chloroform to her, in order to mitigate the pain. I positively refused to do so, and informed her that her nervous system was too weak to take it with safety. The following day she was said to have suffered more, and, as I was informed,

most excruciatingly; and her friends administered chloroform at intervals for twelve hours before I saw her again. When next seen, she appeared as if just aroused from a chloroform stupor; she had a very fine pulse, indeed I could scarcely detect any. I inquired if she had not inhaled choloform, and the reply was in the affirmative. I informed her friends that she must have *no more*. She, in a very imploring manner, desired me to let her have some. I never saw a bacchanalian more solicitous for his cups, than this lady was for chloroform. At this juncture, I applied galvanism in order to excite circulation; and in fact I was obliged to increase the current to a very high tension before I could excite sensation. After it was partially restored, I discontinued its use, and she slept one hour, as I supposed, naturally. She then aroused, and again pleaded for chloroform. Her pulse continued the same (very fine): after a short time she was taken with coma, which continued for two hours; at the end of which time she aroused, apparently in great distress, and continued in that condition two hours. The power of voluntary motion and sensation appeared now to be gone; but the pulmonary branches of the *par vagum* continued to excite, through the medulla oblongata, the involuntary movements of the thorax; and as the cranio-spinal axis became involved, and reflex power ceased, breathing ceased, and, of course, life became extinct, at the end of twelve hours from the time I found her under the influence of chloroform, and twenty-four hours from the time it was first administered. I am of opinion that if the application of electricity had been persevered in, she would have recovered from the effects of chloroform.

Hospital Reports.

A Report of some important Surgical Cases Treated in the Commercial Hospital. By Henry F. Kœhne, M. D., one of the Resident Physicians.

Solomon H.—Jew, pedlar, aged 30, admitted March 20, '54. This morning in a fit of despondency, attempted suicide by cutting his throat with a large butcher knife; was admitted three hours after the act. Present condition is one of impending suffocation, wound gaping, and filled with clots of blood, pa-

tient has bled profusely from small vessels. The wound is made between the thyroid cartilege, and hyoid bone, length of wound 4 1-2 inches, muscles of anterior cervix can be seen. The epiglottis cartilage is protruding, and when replaced, falls upon the rima, and prevents any air from entering the lungs. The muscles of epiglottis and the cartilage itself are divided, hanging by mucous membrane alone. The epiglottis was entirely removed by Prof. Wood, and an attempt made to bring the edges of the wound together.

℞ Cold water dressings.

21. In coughing the sutures have been torn out; is very delirious, and ungovernable; throat dry, complains of great thirst, pulse good; bowels not open since his admission; wound gaping wide.

℞ Soap injection, O. ss. now.

℞ cont. dressings.

22. To-day he threw himself out of the 3d story window, received no serious damage; condition of wound unimproved; tears the cap and dressings from his head.

℞ Injections of milk and wine pr. anum.

℞ Straight-Jacket.

A large gutta-percha splint was moulded so as to fit the head, and pass down his back; which was retained by roller around the chest. This is the only dressing we could keep on him.

March 29. Doing very well. We have nourished him with milk-farina, milk and wine pr. stomach pump. The wound has been repeatedly brought together by stitches, strips, bandages &c., but without success, the patient invariably tearing them off. The edges of wound became inverted, and were again laid open with knife, they then united very slowly, and at the time of his discharge (May 12) he could swallow and speak without the least difficulty. He was not restored to reason, but was condemned and sent to the Asylum.

[The point of interest in the above case, was the fact, that the epiglottis was entirely removed, being severed from i connexions by the knife, except some shreds of mucous membrane. The patient at the time of his discharge could speak,

and swallow food, or drink, without inconvenience; though his loss of reason, which was the cause of the attempt at suicide, was not restored when he was taken from the Hospital to the Hamilton County Lunatic Asylum, where he still remains.—Ed.]

Case Second.

Removal of right half of the lower jaw. Michael K. aged 56, farmer, admitted March 21, '54. About five months ago, this patient was thrown from a waggon upon his face, fracturing the inferior maxillæ near the symphysis. At the same time, severe concussion of the brain was received, followed by inflammation; which was treated by the free use of mercury, urged to the point of ptyalism.

Present Condition.—Right side of face very much swollen. The fractured ends are still displaced, and lap over about one half inch. The right portion of the inferior maxillæ is necrosed and the soft parts suppurating; an opening exists under the chin, from which pus is continually being discharged. The left side of face, is unaffected, contour preserved. Breath very offensive with mercureal odor; bowels not open for two days; tongue coated white, pulse 80 and full, appetite good.

℞ Rhei and soda ää grs. x. now.
℞ Tr. Iodine, ʒss
Aqua dist. ʒvi.
Sig. gargle. ter die.

March 23. The diseased bone was examined this morning, and extensive disease revealed. There are large sinuses round the bone, one extending from point of fracture to angle, and others from above, and communicating with opening under the chin.

℞ cont. gargle of Iodine.
℞ Tr. Ferri muris ʒj.
Water ʒj.
Sig. Inject sinuses, once a day.

March 30. Discharge greatly diminished, not so offensive. General health good; will operate to-morrow.

℞ Hop poultice to face, to allay pain.
℞ Discon. wash and inject.

Erysipelas being in the wards, and attacking every wound

made in the integument. It was not deemed proper to make any internal incision.

Prof. T. Wood, made an incision along each side of alveolar processes, from the angle to the point of fracture, and the ulcerated portion of bone was carefully removed, by bone-pliers and forceps. It was found that below the inferior portion of bone, there was a rim of firm callous thrown out, the whole extent of horizontal portion, attached to healthy bone at the condyle, and fractured end of sound side, which preserved the contour of the face and upon which an artificial jaw can be placed. The node-like swelling gradually disappeared, motion of jaw was natural. The patient was discharged, cured, in April.

Case No. 3.

Fred. S., aged 29, laborer,—admitted May 11, '54. Has been sick one year; five weeks ago was bled by a barber.—Since then, the arm has been swollen and inflamed along the course of veins,—Erysipelatus. There is at present a low grade of inflammation traversing the arm, in the course of the superficial veins, and suppurating at point of venesection. The vein is still open, and hemorrhage taking place, drop by drop. Patient is very bloodless and ænemic, weak and languid. Pulse very feeble and weak. Has also some urinary difficulty.

℞ Nit. Argentum, grs. xl. to Aq. ℥l.

Sig. apply to arm and forearm with hair pencil.

℞ roller upon entire limb, compress small and firm, upon opening. Upon this treatment he improved, with some tonics, iron and ale, and was discharged, cured, June 20, '54.

Case No. 4.

Barney McDermont, aged 23, laborer, admitted March 24, '54. While working in the tunnel of Short-line Railroad, four days ago, a rock from overhead fell across the leg, crushing the foot entirely off, through the ankle joint. He has been lying in this condition since the accident. The bleeding was arrested by tying a rope tightly around the limb, about two inches above the amputation. Below the rope mortification has commenced. The heel is left entire, and would—had it

been done immediately—have formed a good covering for stump. Amputation is now the only resort. General health very good—habits temperate. Bowels not open.

℞ Rhei. and Soda ää grs. x. mx. sig. now.

25. The patient was anæsthised, and the leg was amputated at a point four inches below knee joint, by Prof. T. Wood, reaction coming on.

℞ Bottle ale—ad. lib.

26. Doing very well. Stump looks well. Granulations healthy.

℞ Lemonade drinks.

℞ Cont. ale, and cold water dressings.

27. Yesterday a patient was brought in "in articulo mortis;" died in two hours after admission, of *Phlegmonus Erysipelas*. McDermont was immediately removed to another ward, and other preventive means taken. Notwithstanding this, erysipelas has seized the stump, and extended nearly to hip. Gangrene has also made its appearance in flaps. Fœtid gases escape as sutures are withdrawn from decomposing stump.

℞ Port wine, ʒss.
Quin. Sulph. grs. ij. mx. sig. ev. 3 hrs.

℞ Nitric acid.
Sig. apply to stump with sponge.

℞ Nit. argent. grs. xl. to ʒ. sig. paint leg.

March 29. Gangrene extending rapidly; at present occupies entire flap and leg, up to a point about two inches below knee joint; ligatures still remaining, pulse some better, appetite none, bowels open, perspires very freely.

℞ Porter ad. lib.

℞ Cont. other treatment.

30. Going down rapidly; pulse failing.

℞ Brandy ʒss.
Carb. amon. grs. v. mx.
Sig. ev. 3 hrs.

℞ Cont. other medicine.

April 1. Some improvement; pulse 80; more force; coun-

tenance better; nature is drawing her line of demarkation, at the distance of two fingers' breadth below knee joint. The gangrenus part was removed, and the erysipelatus inflammation has been checked at the arm-pit of the right side.

℞ Cont. stimulants.

℞ Opiates at bed time.

April 3. Some better; tongue clean; pulse good; bowels open five times in 12 hours; stools thin and watery. The slough has thrown off the entire gangrenus mass; granulations in soft parts, and on end of bone very abundant; erysipelas receding. Has bed sores.

℞ wash stump with sapon. castil.

℞ remove yeast poultice, and discontinue.

℞ morph. acet. grs. j.
Plumbi " " xij. mx.

fiat; ch. no. 4. Sig. one after every stool.

℞ cont. beef essence, ale, &c.

April 4. An abscess making its appearance in groin, fluctuation not very distinct.

℞ cont. medicine.

April 8. Slept very little; pulse weak; has been sweating profusely all night; tongue dry and fissured; stump covered with healthy pus. The glands in groin have supurated; a lake of integument and fascia, 2½ inches in diameter, has sloughed away, exposing the Sartorius muscle and Poupart's ligament. The pulsations of femoral artery can be seen, in the lake of pus. There are large sinuses coursing the limb, from this opening in the groin to the stump. The lymphatics can be drawn out of the limb as if they were loose threads. 23 oz. of pus were discharged from the abscess in groin, upon the application of a roller, from stump to thigh.

℞ cont. bandage.

℞ cont. stimulants, and nutrit. diet.

℞ iced lemonade, and gum water drinks.

April 9. No improvement. ℞ cont. treatment.

" 12. Fast declining. Granulations unhealthy. The skin around the opening in groin is very attenuated and red;

has large ulcers in throat, and great difficulty of breathing; deglutition impossible; coughs continually; sputa purulent; pulse scarcely perceptible; countenance pale, anxious, eyes injected, lips livid; tongue can not be protruded, very dry and fissured; has coliquative diarrhœa; has a large abscess in axillæ; hiccough and subsultus; very delirious during the night.

℞ Hot bottles to body.

℞ cont. stimulants.

4 P. M. "In articulo mortis."

April 13. Died last night!

Editorial.

For the present I will drop the editorial "We," and substitute the singular pronoun "I," for the purpose of giving the readers of the Lancet a plain statement of the relation I bear to the journal, and some of the cardinal principles that shall guide me in the management of its interests in the future.

By referring to the prospectus, in the last and present numbers, it will be discovered that the name of the senior editor does not appear. Prof. L. M. Lawson being engaged in teaching in Louisville, it was found inconvenient, or rather impossible, for him to give that attention and supervisory care that the journal demands from its principal editor. Necessity, then, rather than inclination, has compelled him to sell his interest in, and me to become the purchaser of the entire concern. This I regret, for it is to the genius and talent of Dr. Lawson that the journal is indebted for its existence; and it is with much diffidence and misgiving that I attempt to assume the position of editor, which he has so long occupied with distinction. But I have taken the position with a determination to do all that persevering industry, with my humble ability, can accomplish.

The object of the journal shall always be to disseminate whatever is useful or interesting to its readers, in relation to the various departments of medical science.

It must be an independent journal, free from all sectional or

party bias, and unrestrained by any influences save the limits of legitimate medical science, and the acknowledged rules governing professional etiquette and dignity.

I shall scrupulously guard against the introduction of any article calculated to wound the feelings of any person or association, further than may be demanded for the correction of manifest error, or a defence of the great land-marks of the regular profession.

The pages of the journal shall always be open for the discussion of the principles of science, but never for a controversy on any other subject whatever.

It shall always be my aim to raise high the standard of medicine, and maintain it in its erect position. I shall not shrink from the exposition of error and wrong wherever it may be found in the ranks of the regular profession, if it can be done without appearing personal. Quackery in all its forms will, from time to time, meet with a merited rebuke, but any open warfare with any of the various humbugs that infect the community will be carefully avoided.

"Step aside and let the *reptile* live."

I will endeavor to analyse the great stream of periodical medical literature, and, by a careful filtering and concentration, collect the *precious salt* for the readers of the Lancet.

"In a multitude of Council there is safety."

Impressed by the truth of the above maxim, I have solicited the aid of a number of gentlemen as collaborators, who have kindly given me their names, with the assurance of substantial assistance in carrying out the objects of the journal. They are all conspicuous members of the profession, and have gained a fair reputation as writers and ardent cultivators of medical science. They will be consulted in all matters of doubt, in the management of the Lancet, and suggestions and advice will be received from them in all things that may advance its welfare.

They are also expected to contribute largely to its pages, but not to the exclusion of communications and correspondence from the more distant friends of the journal.

I must compliment the patrons of the Lancet on this additional strength and support, as I feel myself complimented by the permission to associate my name with such a corps of scientific gentlemen.

T. WOOD.

RETROSPECT.

The close of the past volume suggests a retrospect of the most important topics which have been discussed in the periodicals, within the year 1854. We will introduce, therefore, a brief statement of the most important facts and opinions connected with the different departments of Medicine, Surgery and Obstetrics, with such comments as will be consistent with brevity.

Prophilactic Influence of Quinine.—Dr. Bryson, of the Royal Navy, publishes in the *London Med. Gazette*, many interesting facts in relation to the prophylactic influence of quinine. His observations were made in a Report on the African Station, in 1847. The plan adopted was to add a strong spirituous solution of *amorphous quinine* to wine, in the proportion of four grains of the last to to the ounce. Of this quinia-wine one ounce was given daily. The result was, according to Dr. Bryson's observations, that men who were exposed on land, or near shore, where the miasmatic influence was highly concentrated, entirely escaped the disease; whereas, without such protection, the most fatal miasmatic affections would doubtless have occurred. In some of the reports failures of the medicated wine are mentioned, but in such instances there appears to have been either irregularities in giving it, or excesses on the part of the sailors, which would readily account for the failure.

These facts, although suggestive of nothing absolutely new, nevertheless serve to remind the practitioner that quinine possesses prophylactic as well as curative properties; and that the medical profession, as well as others who are necessarily exposed in miasmatic regions, may avail themselves of the protective influence of the agent, and thus often escape severe attacks.

Internal Administration of Chloroform in Fever.—Dr. Gordon. physician to the Hardwich Fever Hospital, details, in the *Dublin Hosp. Gaz.* the effects of chloroform in violent delirium accompanying typhus. In one case of violent delirium requiring the straigt-waistcoat, a second dose of twenty-five minims soon subdued the activity of the symptoms, and a repetition of the same quantity toward evening produced sleep from which the patient aroused entirely free from delirium and speedily convalesced.

To Prevent Pitting in Small-pox. Dr. Bennett (*Edinburgh Monthly Jour.*) gives the following formula for preventing pitting:

℞ Carb. Zinc. 3 parts.
Oxide Zinc. 1 part.

Rubbed in a mortar with olive oil to a proper consistence for an ointment.

Paracentesis in Thoracic Effusion.—Dr. Bowditch resumes the subject in the Feb. No. of the *N. Y. Monthly Journal.* Dr. B. is of opinion that in both acute and chronic pleurisy paracentesis often becomes proper. He would operate either in acute or chronic cases under the following circumstances: 1st. When the pleural cavity is filled with fluid; 2d. When treatment, in acute cases, seems to fail in promoting absorption. He would not wait three or four weeks, provided the accumulation continued to augment. These rules are very different from those usually recognized by the profession; and although the author's experience is somewhat ample, the subject is too important to be hastily decided. Most physicians will be slow to advise the operation in *acute* cases.

Turpentine Inhalations in Gangrene of the Lung.—Dr. Skoda, the well known pathologist of Vienna, reports four cases of gangrene of the lung treated by turpentine inhalations. Two of the cases perfectly recovered, the third could not be persisted in, and the fourth was still under treatment. The method adopted was to pour essence of turpentine on boiling water and direct the patient to inhale for 15 minutes every two hours.

Ipecacuanha in certain Stomach Disorders.—Dr. Budd (*Medical Times and Gazette,*) makes some judicious observations on the effects of ipecac on the stomach. He remarks that it increases the secretions of the stomach probably in a greater degree than any other medicine we possess; and the effects follow when the doses are too small to excite vomiting or nausea. He employs it in "indigestion," and thinks no other agent so effectual in removing uneasiness and oppression after meals, together with all the symptoms usually met with in indigestion. The article should be given be-

fore meals—especially *dinner*, or any other meal which is followed by oppression. He advises from a half to one grain of ipecac with three or four grains of rhubarb, in a pill. A grain of pepper may be added.

Chloroform in Spasmodic Obstructions of the Bowels.—Dr. Cain (*Southern Med. & Surg. Jour.*) has successfully employed chloroform inhalations in spasmodic affections of the bowels (colic) and considers it superior to opium. It doubtless offers very obvious advantages, not only to produce temporary relief, but by relaxing the bowels greatly favors the operation of enema and cathartics.

Rennet in Diabetes.—Cases continue to be reported of the occasional good effects of *rennet* in diabetes—so commonly an obstinate disease. Dr. Fearnside (*Edinburgh Monthly Jour.*) reports a successful case, in which the patient passed five quarts of urine in 24 hours.

Summary Process of Destroying Acari—Lieut. Col. Jebb (*Med. Times & Gaz.*) gives the following method of treating *itch* in the Military Prisons: Friction of the body with *brick-dust*, so as to expose the *acari*, when the sulphur ointment is well rubbed in for half an hour, followed by thorough washing with soap and water. The whole process occupies less than half an hour, and is always successful.

Treatment of Cancer by Congelation.—Dr. James Arnott (*Med. Times & Gaz.*) details two highly interesting examples in which congelation produced the most obviously good effects, and probably, in one case at least, effected a cure. The method adopted was to apply a frigorific mixture of ice and salt, for a period of four minutes, to produce congelation, and then use ice water, in a bladder, to prevent excessive reaction. These applications may be made monthly, gradually diminishing the frequency. It seems not improbable that congelation is capable of destroying the morbid cell-growth, and thus arrests the disease. The subject is one of intense interest, and we hope some of our surgeons will speedily test its efficacy.

Collodion in Burns.—Experience proves that the application of collodion applied to burnt surfaces speedily diminishes pain, promotes healing, and therefore prevents suppuration.

Injections of Perchloride of Iron in Aneurism, Varicose Veins, and Nævus.—By consulting our Foreign Correspondence published in the last volume of the *Lancet*, it will be seen that the subject of injecting perchloride of iron in aneurism, according to M. Prava's method was fully investigated and discussed in the *Acad. de Med.*; and we are of opinion that the weight of testimony is decidedly against its final success.

The same process has been resorted to by M. Follin for the purpose of obliterating the saphena vein in a patient who had suffered for many years with a varicose ulcer of the leg. The saphena was much dilated, and the injection was made at two points—one above, and the other below, the knee. Coagulation speedily ensued, vein was obliterated, and the uleer healed in eight days. M. Degranges of Lyons, operated in six similar cases—five being successful and one fatal. The same treatment has proved successful in *nævus*.

Application of Solid Nitrate of Silver for the radical cure of Hydrocele.—Prof. Parker (*N. Y. Jour. Med.*) has successfully applied the solid nitrate of silver in hydrocele. After puncturing and withdrawing the fluid in the usual manner, a common probe is coated with nitrate of silver, introduced through the canula. and gently passed over the internal surface.

Treatment of Sciatica.—Mr. Hancock (*Lancet*) believing sciatica to depend, most commonly, on loaded colon or cœcum, advises the following treatment, which he has found successful: Purge with small doses of croton oil, combined with blue pill hyoscyamus, and compound extract of colocynth, and give quinine in doses of three grains repeated three times a day.

Treatment of Ovarian Dropsy by Injections of Iodine.—Professor Simpson (*Edinburgh Monthly Journal*) remarks on the efficacy of

iodine injections in the case of ovarian dropsy, and finally reaches the following conclusions: 1. That the treatment is productive of little pain. 2, That the practice is less successful than in hydrocele. 3. In some examples it has obliterated the sac. 4. The failure in some cases may be abscribed to the insufficient quantity of iodine.

State of the Anterior Fontanell in Diseases of Children.—Mr. Hilton (*Guy's Hospital Reports*) mentions that when the arterial circulation of children maintains its natural vigor, the fontanelle is found on a level with the surrounding surface; when the circulation acquires unnatural force it rises above the level; but when weakened circulation exists, the fontanelle sinks below the surrounding parts. These signs furnish important indications in the treatment of infantile diseases.

Dr. Radcliffe's Views on Spasmodic Affections.

Within the past year, Dr. Radcliffe, of the Westminister Hospital, London, has put forth new views on the subject of convulsive and spasmodic affections, in which he maintains that the phenomena arise from *deficient* and not *excessive* action. This view of the pathology of nervous diseases suggests a radical change in the treatment, namely, that stimulants, and not sedatives, become the appropriate remedies. It is argued by the author that the phenomena of muscular contraction indicates a want of stimulation, which is equally apparent in physiological and pathological acts. These views, the author is of opinion, by the following facts are sustained: the relations of electricity to muscular contraction; the expansion of the stomach when food is received; the expansion of the uterus during gestation; the contracting influence of cold; the contraction of the respiratory system under the influence of carbonic acid, and expansion when exposed to oxygen; flushing of the cheeks during joy, and blanching with fear; and the same views are believed to offer satisfactory explanations of the action of the heart in propelling the blood. The phenomena of epilepsy, and allied diseases, are presumed to exhibit marked evidences of debility, and therefore to offer strong confirmatory proof of the author's theory.

Without assuming to decide fully the important doctrines announced by Dr. Radcliffe, we feel free to say that the opinions ad-

vanced are sustained, at least in some respects, by many of the laws of health and disease, and that they are entitled to mature consideration. By reference to the lecture on *Coma*, inserted in the present number, it would be seen that this doctrine of exhausted nervous influence is applied to a wide range of diseases, which will be increased as the subject is further developed. All practitioners must feel that the subject of nervous affections is involved in great obscurity, and that the application of remedies are too often uncertain and ineffectual. We have long since reached the conclusion that much of this difficulty has arisen from an erroneous estimate of the phenomena of disease, not only of coma and apoplexy, but likewise of nervous affections involving spasms and neuralgia. The distinction between *apparent*, and *real* exaltation of function is not always real; and if the treatise of Dr. Radcliffe, will aid in solving the difficulties, we will have abundant reason to thank him for its publication, and to hail the event as an important epoch in the pathology and treatment of nervous diseases.

New Mode of treating Dropsies.—Dr. Serre, of Alais, proposes the following plan, which he has effectually employed in 60 cases:

1. Withhold every variety of drinks. 2. Three times a day *milk-soup*. 3. Immediately after the soup, *an onion*. The milk-soup consists of finely grated white bread, pepper and salt, q. s., and boiled milk—taken cold. This treatment is employed in dropsy arising from scarlet-fever, Bright's disease, disturbance of the circulation, &c. Dr. S. avers that marked improvement occurs in eight days, a rich secretion of urine in fourteen, and in thirty, complete recovery.

Chloroform in Hydrocele.—Langenheat has employed injections of chloroform in the radical cure of hydrocele, instead of iodine. He uses one or two drachms, which produces less pain than the iodine.

Opium in Over-work and Anxiety.—Dr. Johnson, Physician to King's College Hospital, contributes an important article, in a course of lectures on materia medica, in relation to the influence of opium in preventing the evil effects of over-work and mental anxiety. The particular use of this method, according to the author's views, is to

break up the restlessness and want of sleep so common in certain conditions; and for this purpose the timely administration of opium proves most efficacious in breaking up *dreaming restlessness*, and securing refreshing sleep. The object may be secured usually within a week, and it seldom becomes necessary to continue the medicine beyond a month. The nausea, faintness, headache, &c., which frequently occur, are best obviated by a cup of coffee or tea, solid food, and exercise in the open air; while the constipation may be removed by seidlitz, rhubarb, etc. The bowels, however, often become regular in consequence of the invigorating influence of a good appetite and sound sleep.

We are fully satisfied that Dr. Johnson's views contain much truth, and that opium properly timed in its administration, and nicely adjusted in dose to the state of the system, will prove a most precious remedy. With proper care in preventing undue use of the drug, and especially its too *frequent* and *large* repetition, much good may result from its employment. One of the most important circumstances to guard against is, its administration in *too large doses*. The quantity should not be large and *sedative*, but small and *sustaining*—or what is usually considered the *stimulating* dose of the drug. Ten drops of laudanum will often allay restlessness in the *over-worked*, and induce refreshing sleep; whereas, twenty-five drops would *depress* the nervous energy and do far more remote injury than present good. Our *personal* experience is limited in its use, but when over-worked and restless, we have at times been obliged to resort to ten drops of laudanum as a *somnific persuader*, and always with favorable effects. And while attending the crowded wards of a hospital, being detained for hours in prescribing for patients, we often experience chilly sensations, weariness, and *seeming* approach of fever; but these symptoms are usually removed by ten drops of laudanum and one grain of quinine. This practice was first suggested to us, under such circumstances, by the late lamented Drake; and we feel assured that it has more than once saved us a severe attack of disease. Of course the *habitual* use of opium is to be scrupulously interdicted.

Prof. Austin Flint (*West. Jour. Med. & Surg.*,) furnishes an analysis of twenty-one cases of acute rheumatism, treated in the

city of Buffalo. The mean age was 25 1-8 years; 18 males, 3 females; mean duration to convalescence, 17 8-17 days. In 15 cases in which the observation was made, the heart was involved in 6.

In the *treatment* colchicum, nitrate of potash, bleeding, mercury, opium, citric acid, sulph. quinine, iodide of potash, digitalis, lemon juice, liquor potassæ, phosphate of ammonia, were severally employed, singly or combined. The author concludes that the facts presented in these cases rather lead to distrust of the efficacy of the several remedies employed; that colchicum, bleeding and opium seem to palliate, do not exercise any obvious control over the duration of the disease.

Dr. Ronald (*Ibid,*) succeeded in dilating a hot and rigid os Uteri by means of chloroform ointment. Bleeding to syncope, tartrate of antimony and hot bath having failed, Dr. R. prepared an ointment consisting of a drachm and a half of chloroform, intimately mixed with an ounce of simple cerate, which was freely applied to the external surface of the neck of the Uterus. It produced a slight smarting pain, which soon passed off; in 20 minutes dilatation of the os uteri commenced, and in one hour and 27 minutes delivery was accomplished.

Dr. Darcy (*Ibid*) makes some judicious remarks on a new method of reducing prolapsus uteri. This paper was copied into the September No. of the Lancet.

Dr. T. G. Richardson [*Ibid*, Aug. No.) gives an excellent summary of the pathology and treatment of *hemorrhoids;* but the paper is too long for analysis here, and we can only refer our readers to the journal in which it appeared.

Dr. D. Lipscomb (*Nash. Med. Jour.*) extols the saline and opiate treatment in *dysentery.* He administers *Rochelle Salts,* a table spoonful every hour, until the bowels are copiously moved, after which he gives 30 drops of laudanum every hour until the bowels are checked. Sometimes it became necessary to combine the laudanum and salts. The doses were repeated as often as necessary. If the disease seems to linger, the oil of turpentine, in doses of eight drops, every eight hours, was found useful. Dr. L. regards salts as a *specific* for dysentery—as much so as quinine for intermittents!

Prof. W. R. Bowling (*Ibid.*) reports a case of *traumatic tetanus* in which the application of ice to the head and spine entirely failed to produce the slightest relief. Some practitioners have reported successful cases treated with ice. The same author reports another case in which calomel and opium proved successful.

Dr. Woodson (*Ibid.*) in a paper on *pneumonia*, dwells on the fact that depletion (by bleeding and antimony) cannot be practiced to the same extent in warm climates and malarious districts, that might be required under different circumstances. The observation of Dr. Boling (of Ala.) that tartar emetic may induce gastric and intestinal diseases, and seeming *metastasis*, is especially noted. Dr. B. observed that when this secondary lesion occurred, the physical signs of pneumonia rapidly abated, but that instead of affording relief, the phenomena indicated a fatal result.

Prof. Eve (*Ibid.*) makes some valuable remarks in relation to the state of the pupil in cataract. Dr. Eve has observed that the pupil is *contracted* in cataract, and consequently that *myosis* is one of its symptoms. These are very important observations. Dr. E. closes his paper with the following statement:—

1. The pupil is contracted, and *myosis* is a symptom of cataract.
2. That the contraction probably depends on reflection of light from the opaque lens upon the Uvea.
3. That photophobia is oftener experienced in cataract than is generally admitted.

THE SENTENCE OF DR. BEALE.

Dr. Beale, of Philadelphia, was sentenced, in the Criminal Court of Philadelphia county, on the 28th ult., to four years and six months confinement in the County Prison, for an alleged outrage upon one of his female patients while under the influence of ether. Previous to his sentence, he made a speech, in which he asserted his entire innocence, and censured the District Attorney and Jury. Many of the newspapers speak of the sentence as being unjust, and it would seem to us at a distance (if the only testimony that was brought to bear in the case, was merely the *ipse dixit* of the young lady, the complainant), that it was so. It is our decided opinion, that the evidence of even a partially etherized person should not be received as valid, without corroboration. We believe that such persons *are totally incapable of making*

a correct statement of what transpires during the time they are under the influence of the ether, and we are somewhat surprised at the result of the verdict in Dr. Beale's case, after having carefully read the evidence of the alleged injured party; and we are still more surprised at the sentence. If the accused was really guilty, it is altogether too *light* for a crime of such magnitude; and if innocent, it is of course undeserved.—*Boston Med. & Surg. Jour.*

We fully concur in the opinion expressed by our cotemporary. It is not the province of any one to declare that Dr. Beale was *not* guilty; but we are free to say that the testimony of a female so fully under the influence of ether as to be unable to move or speak, is too uncertain, without corroboration, to be the grounds of conviction. No circumstance brought before the court tended in the slightest degree to sustain the statement of the female; while the mere loss of volition, and partially of consciousness, should have been sufficient to cause a doubt as to the guilt of the accused. No examination was made by a medical man, nor did the lady examine herself; and the only evidence she had of violation was an indistinct pain, *supposed* to arise from penetration, and the previous conduct of Dr. Beale in placing his hands improperly on her person. It is impossible to aver that the alleged violation may not have been a mere hallucination; and without some corroborating circumstance (the most material of which would be an examination) we should be disposed to doubt, and therefore to acquit. The *collateral* circumstances seem all to favor the accused. The law, doubtless wisely, places such cases entirely in the hands of females; and such being the case, it is important that the witness should be not only of irreproachable character, *but wide awake and duly sober*.

Lithotomy and Lithotrity,—Dr. Dugas, Professor of Surgery in the Medical College of Georgia, closes an elaborate article on the comparative merits of lithotomy and lithotrity with the following remarks:

"The advantages of lithotrity are numerous and important; whereas the only intrinsic or valid objections that can be alleged against it, under the circumstances referred to, are to be found in the fact that the operation may have to be repeated, and that it leaves the patient more liable to a recurrence of the disease than lithotomy. The advantages of lithotrity unquestionably very far outweigh all the objections to it."

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Prof. W. R. Bowling (*Ibid.*) reports a case of *traumatic tetanus* in which the application of ice to the head and spine entirely failed to produce the slightest relief. Some practitioners have reported successful cases treated with ice. The same author reports another case in which calomel and opium proved successful.

Dr. Woodson (*Ibid.*) in a paper on *pneumonia*, dwells on the fact that depletion (by bleeding and antimony) cannot be practiced to the same extent in warm climates and malarious districts, that might be required under different circumstances. The observation of Dr. Boling (of Ala.) that tartar emetic may induce gastric and intestinal diseases, and seeming *metastasis*, is especially noted. Dr. B. observed that when this secondary lesion occurred, the physical signs of pneumonia rapidly abated, but that instead of affording relief, the phenomena indicated a fatal result.

Frof. Eve (*Ibid.*) makes some valuable remarks in relation to the state of the pupil in cataract. Dr. Eve has observed that the pupil is *contracted* in cataract, and consequently that *myosis* is one of its symptoms. These are very important observations. Dr. E. closes his paper with the following statement:—

1. The pupil is contracted, and *myosis* is a symptom of cataract.
2. That the contraction probably depends on reflection of light from the opaque lens upon the Uvea.
3. That photophobia is oftener experienced in cataract than is generally admitted.

THE SENTENCE OF DR. BEALE.

Dr. Beale, of Philadelphia, was sentenced, in the Criminal Court of Philadelphia county, on the 28th ult., to four years and six months confinement in the County Prison, for an alleged outrage upon one of his female patients while under the influence of ether. Previous to his sentence, he made a speech, in which he asserted his entire innocence, and censured the District Attorney and Jury. Many of the newspapers speak of the sentence as being unjust, and it would seem to us at a distance (if the only testimony that was brought to bear in the case, was merely the *ipse dixit* of the young lady, the complainant), that it was so. It is our decided opinion, that the evidence of even a partially etherized person should not be received as valid, without corroboration. We believe that such persons *are totally incapable of making*

a correct statement of what transpires during the time they are under the influence of the ether, and we are somewhat surprised at the result of the verdict in Dr. Beale's case, after having carefully read the evidence of the alleged injured party; and we are still more surprised at the sentence. If the accused was really guilty, it is altogether too *light* for a crime of such magnitude; and if innocent, it is of course undeserved.—*Boston Med. & Surg. Jour.*

We fully concur in the opinion expressed by our cotemporary. It is not the province of any one to declare that Dr. Beale was *not* guilty; but we are free to say that the testimony of a female so fully under the influence of ether as to be unable to move or speak, is too uncertain, without corroboration, to be the grounds of conviction. No circumstance brought before the court tended in the slightest degree to sustain the statement of the female; while the mere loss of volition, and partially of consciousness, should have been sufficient to cause a doubt as to the guilt of the accused. No examination was made by a medical man, nor did the lady examine herself; and the only evidence she had of violation was an indistinct pain, *supposed* to arise from penetration, and the previous conduct of Dr. Beale in placing his hands improperly on her person. It is impossible to aver that the alleged violation may not have been a mere hallucination; and without some corroborating circumstance (the most material of which would be an examination) we should be disposed to doubt, and therefore to acquit. The *collateral* circumstances seem all to favor the accused. The law, doubtless wisely, places such cases entirely in the hands of females; and such being the case, it is important that the witness should be not only of irreproachable character, *but wide awake and duly sober.*

Lithotomy and Lithotrity,—Dr. Dugas, Professor of Surgery in the Medical College of Georgia, closes an elaborate article on the comparative merits of lithotomy and lithotrity with the following remarks:

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is a matter of surprise that the operation is so much neglected in the United States.

Treatment of Rheumatism.—Dr. Lacquet has employed the *chlorate of potash* in five cases of acute rheumatism, in the proportion of 150 to 170 grains in 24 hours. The mean duration of the disease was 12 days.

Miscellany.

American Medical Association.

The eighth annual meeting of the American Medical Association will be held in the city of Philadelphia on Tuesday, May 1st, 1855. The secretaries of all societies, and other bodies entitled to representation in the association, are requested to forward to the undersigned, correct lists of their respective delegations as soon as they may be appointed; and it is earnestly desired by the committee of arrangements, that the appointments be made at as early a period as possible. The following are extracts from article second of the constitution:

"Each local society shall have the privilege of sending one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number.

"The faculty of every regular constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital, containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staff of the United States army and navy, shall be appointed by the Chief of Army and Navy Medical Bureaux.

"The number of delegates so appointed, shall be four from the army medical officers. and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the meeting of the association, held in New York, in May, 1853.

FRANCIS WEST, M. D., Oneof the Secretaries,
352 Chestnut street, Philadelphia.

The Medical Press of the United States is respectfully requested to copy the above.

American Medical Association.—Prize Essays.

At the meeting of the American Medical Association held in St. Louis, Mo., in May last, the undersigned were appointed a committee to receive and examine such voluntary communications on subjects connected with medical science as individuals might see fit to make, and to award two prizes of one hundred dollars each to the authors of the two best Essays. Notice is hereby given, that all such communications must be sent, post-paid, on or before the first day of April, 1855, to R. La Roche, M. D., Philadelphia.

Each communication must be accompanied by a sealed packet containing the name of the author, which will not be opened unless the accompanying communication be deemed worthy of a prize. Unsuccessful papers will be returned on application to the Committee, at any time after the first day of June, 1855; and the successful ones, it is understood, will be published in the transactions of the association.

R. La Roche, Philadelphia, Chairman.
Isaac Hays,
Alfred Stille,
J. B. Biddle,
G. W. Norris,
Joseph Carson,
Joseph Leidy.

Case of False-joint in the Fore-arm, resulting from a Gun-shot Wound. By Dr. Beveridge, Surgeon of H.M. Ship Samson.

The following case, communicated to us by Dr. Beveridge, Surgeon of H.M. Ship, Samson, was forwarded through Sir George Ballingall, who remarks that it is confirmatory of the aphorisms laid down by Mr. Guthrie relative to gun-shot wounds of the fore-arm:

On the 17th July this vessel anchored off Bardan on the coast of Circassia, at the distance of a thousand yards from the beach, on which a heavy surf broke. Shortly afterwards an object in the water approaching the ship attracted attention. From there being a heavy swell the object alternately appeared and disappeared; but ultimately proved to be a Circassian, swimming off with *one* hand. He reached the ladder, and, unassisted, came on board, attired simply in a pair of trousers, and smiling, asked permission to see the ship, which was immediately granted. He was a man of about 45 years of age, and on examination it appeared had been wounded by the "Muscoffs." An extensive cicatrix at the upper third of the left fore-arm was visible, where a passive false joint existed, the body of the ulna had been shot away, but both the upper and lower extremities entering into the formation of the elbow and wrist joints remained entire, admitting in the former of active as well as passive motion, in the wrist joint only passive motion. The radius had been

fractured transversely at the upper third, the lower fragment overlapping the other, so as to shorten the fore-arm a third. The distal phalanx of the thumb, and also the cartilaginous extremity of the first phalanx, (which could be passively moved on the metarcarpal bone,) were absent. The four fingers were rigidly in a state of extension, and could not be even passively flexed. He was very willing to show what he could do, and of his own accord lifted a kettle by the elbow joint, which he could both flex and extend—the insertion of the biceps tendon being preserved, as also the olecranon. He also was able to approximate the fore and ring fingers to the middle, so as to lift a handkerchief. Had any one presented himself with so extensive an injury, as indicated by the cicatrix, etc., before a naval or military surgeon, there is little doubt in my mind but that immediate amputation above the elbow joint would have been performed. The temperate habits of the Circassians, and their general good health, prove favorable to recovery from wounds. Many badly united fractures, from want of proper apposition of the broken surfaces, were seen.

BREITHAUPT *on Nitrate of Silver in Intestinal Ulcerations.*

A musketeer, suffering from abdominal typhus, was attacked in the fifth week with severe dysentery. The use of acetas plumbi and opium subdued the dysenteric symptoms in three weeks, but the fever still continued; the stools were mixed with pus and blood, bed-sores had formed on several places, and the patient was extremely emaciated. All other medicines had failed, when the administration of $\frac{1}{12}$th grain nitras argenti, four times daily, dissolved in distilled water and combined with opium, was found highly beneficial. The dose was subsequently increased to $\frac{1}{8}$th grain, and the patient recovered completely. He took, in all, 48 grains of the salt. No evil results followed the use of the silver, and the color of the skin was not in any way altered.—*Med. Zetung des Vereins fur Heilk, in Preussen.*, 1853, *No.* 20.

SNELL *on Cutaneous Anæsthesia in Lunatics.*

A lunatic received a severe injury of the great toe by the fall of a heavy piece of wood, so that the nail was torn away. The author on examining the patient, remarked that he seemed scarcely to feel this injury, ordinarily so very painful. On examining the case more minutely, he found that this lunatic had completely lost cutaneous sensibility. This circumstance led him to examine all the lunatics in his establishment, and he found that out of 180 insane persons (100 males and 80 females), 18 (17 males and 1 female) had complete anæsthesia of the skin; and that in six others, who were males, the sensibility to pain was very much decreased.—*Zeitschrift fur Psychiatrie, X.* 2.

A Frightful fact, brought out by the late British census, is the terrible waste of existence in childhood in the great manufacturing cities. In Manchester, out of every hundred thousand infants born, less than fifty thousand are alive at the end of six years, and but thirty-nine thousand at the end of twenty. In the large commercial towns the waste of life is not so appalling, but it is comparatively enormous. For example, in Liverpool, out of every hundred thousand persons born, about forty-five thousand arrive at the age of twenty. The chances of life in Liverpool, as compared with Manchester, are, therefore, as forty-five to thirty-nine. The great mortality in the first six years of life in the latter town, can only be explained by the close air, bad food and the insufficient comforts of the operatives. Compared with rural districts, both Liverpool and Manchester are pest houses, so to speak.

In Surrey, for instance, out of a hundred thousand children born, nearly seventy-one thousand reach the age of twenty. England and Wales, on the average, give sixty-one thousand able-bodied men between twenty and forty years of age to every hundred thousand infants born. Manchester, as we have seen, gives but thirty-nine thousand. The mortality in the manufacturing towns is, consequently, two thirds greater than in the kingdom at large, and about twice as large as in the healthier rural districts. This is a telling fact against the morbid growth of cities, the neglect of sanitary measures in towns, and the too common indifference to the physical condition of the working man.

Extraordinary Sized Child.—On Thursday last, the wife of Mr. Joseph Sooler, who resides in Illinoistown, opposite this city, gave birth to a fine boy weighing twenty-two and a half pounds. The mother of the child is the daughter of Mr. Francis St. Cir, an old citizen of this county, it being her first child. This is hard to beat. *St. Louis Republican, 19th.*

Charcoal Coverlet for the Prevention of Smell from Gangrenous Sores.

In some cases of hospital phagedæna recently under his care, in St. Bartholomew's Hospital, Mr. Wormald made an ingenious and very useful application of the disaffecting powers of charcoal. It is well known that dry charcoal will effectually absorb any noxious or offensive gas which can be made to pass through it. On this power, Dr. Stenhouse's disenfecting respirators depend for their efficiency. The difficulty in applying it in hospital practice has, however, arisen from the difficulty of keeping it at the same time dry and in a uniform layer around the part giving rise to effluvia. Dr. Wormald's plan consists in sprinkling freely between two sheets of cotton wool a tolerably thick layer of powdered charcoal, and then "quilting" them together in small segments, so that the powder is

retained securely in its place. The pads thus prepared may be of any size, according as required to wrap round the end of a stump, or to cover a superficial ulcer. The sloughing sores having been dressed in the ordinary manner, and a little lint or wool so placed as to absorb any discharge which may flow, over all is laid the charcoal quilt, which is then lightly confined by a bandage. It forms, in addition to its disinfectant properties, a very soft and comfortable envelop, more especially if the sore be in such a part that the patient is obliged to lie on it.—*Medical Times and Gazette.*

Poisoning by Lead.—Iodide of Potassium.

In twenty-three cases of saturnine disease—including colic, neuralgia, arthralgia, wrist drop (four cases), and general paralysis (six cases)—the iodide of potassium has been used by Dr. Swift, as recommended by Melesens. Sixteen cases were cured; three so far relieved as to be able to resume their occupations; and four were gradually improving at the time the report was made. "In thirteen cases the urine was submitted to chemical analysis, and the investigation has established the fact, that the lead may be eliminated from the system by the iodide of potassium, and found in the urine. In no case was the lead detected before the administration of the remedy. The analyses were made by Prof. Outram, and the results of his experiments are perfectly reliable." In one case the lead was detected also in the saliva.—*N. Y. Med. Times.*

Tinea.—Sulphurous Acid.

M. Verhaeghe relates three cases of tinea treated by the local application of sulphurous acid, after the manner of Jenner. In two cases a rapid cure was effected; in the third case there was temporary amelioration, but the disease subsequently returned.

M. Bagin has published a memoir on tinea, to show the success of his treatment. This consists of the most careful epilation, and the destruction of the parasitic plant by a solution of the bichloride of mercury, or of the acetate of copper. The details of the treatment are as follows: The hair is first cut close; sulphur lotions and cataplasms to attack the crusts are applied; the solution of corrosive sublimate is then applied so as to kill all the plant on the surface. Then either the hairs are pulled out with pincers, or if the disease be recent and the epilation difficult, the oil of cade, or an alkaline pomade of lime and soda, is rubbed on. When a certain space has been cleared of hair, it is washed with soap and warm water to get rid of fat, and then the parasiticide solution (1 part of corrosive sublimate or of acetate of copper to 100 of water) is immediately applied.—*Revue Med. Chir. de Paris.*

Atmospheric Phenomenon.

A phenomenon of a remarkable kind, says the London Lancet, was experienced on Tuesday at some parts of the city of Bath. During the afternoon, there fell from the clouds a large number of drops, which were at first supposed to be rain, but which, on being examined more closely, were found to consist of a gelatinous substance of about the consistence of thin starch. Upon being submitted to the microscope, the spots were found to be thickly impregnated with eggs, perfect in form, but exceedingly minute in size—so minute, indeed, as to be altogether invisible to the naked eye.

New Remedy for Tape Worm.

Professor Osborne, of Ireland, recommends Tannic acid for tape worm, on account of its known action on albumen and gelatine, he has seen them curled, and contracted, and broken down, when expelled after this remedy.

Solidification of Cod Liver Oil.

M. Stanislaus Martin, pharmaceutist of Paris, gives the following process to make this oil palatable to patients: Cod liver oil, 125 grammes, spermaceti, 23 grammes in summer, 20 grammes in winter; mix, heat over a sand bath, in a close vessel; pour into large mouth vessels, and allow it to cool without shaking. An aromatic essential oil may be added. Cod liver oil, thus prepared, looks like a jelly. Mix with unleavened bread, gum, liquorice, or flour wet with sugar water.

Mortality at the North and at the South.

The experience of the Life Insurance Companies of this country has brought to light certain facts which are not expressed or indicated by the Census returns. In reference to the North, or that portion of the Union embraced northerly of the Southern line of Virginia and Kentucky, it is shown that the mortality is considerably less than that indicated by the celebrated Carlisle tables. From ten years' practical results, it appears that the mortality among that class of persons who insure their lives within the region named, is less than one per cent.—viz: about 94 in every 10,000.

In that section comprised between the 32d degree of north latitude (a few miles south of Savannah), and the Southern line of Virginia and Kentucky, the mortality among the same class of people, is 1.17½ per cent.—117½ persons out of every 10,000.

Looking to the extreme Southern States, or South of latitude 32 deg., the mortality is nearly double that of the Northern section—the actual number of deaths out of 10,000 (as insured) being 186. These calculations are entirely exclusive of the present year, which has perhaps been more fatal in the South than any period since 1830.

This is the experience of the Mutual Life Insurance Company of New York, whose large business for years past, now enables them to form some reliable tables to govern their future rates of premium. Their actuary reports that—

"The disparity in the ratio of the amount of claims from death to the amount at risk in these three sections of country, has usually been even greater than that of the simple mortality in them. Thus, during the first six months of the present fiscal year (from 1st February to 1st August) the Company has had at risk in the first section $18,000,000, while the amount of claims in the section has been $68,500, or $38, out of every $10,000 assured. In the second section the amount at risk is $1,500,000, and the amount of claims during the same time has been $20,000, or $133 out of every $10,000 assured. In the third section the amount at risk is $1,634,000, while the amount of claims during the same time is $42,800, or $262, *out of every* $10,000 *assured.*"

This increased mortality at the South has of course compelled the Company to advance their rates of premium on lives insured there. The usual rate of *additional* premium for persons at the South has been heretofore one per cent. This, it is now shown, is not enough to cover the actual risk; the Company will therefore advance the premium to *two per cent.* beyond the ordinary rate for persons in northern latitudes.

OBITUARY.

Died, on Sunday, December 17th, 1854, J. J. Arons, M. D., in the 24th year of his age.

☞ At a meeting of the Medical Profession of Cincinnati, held at the residence of Dr. P. G. Fore, December, 19th, 1854, Dr. Walcott Richards was called to the Chair, and Dr. C. B. Hughes appointed Secretary. The object of the meeting being stated, a committee consisting of Drs. J. J. Quinn, A. M. Slocum and C. B. Hughes was selected to draft resolutions expressive of the feelings of those assembled. The following were reported and unanimously adopted:

Whereas, it has pleased an inscrutable Providence to remove from us, by death, one who, by his mild, amiable disposition, gained the attachment and respect of those who became intimately acquainted with him; one whose literary and medical attainments eminently qualified him for usefulness and distinction in the profession upon the threshold of which he had just entered; and one whose success in the practice of medicine was encouraging to himself and gratifying to his friends; therefore:

Resolved, That, in the death of Dr. J. J. Arons, the medical profession of Cincinnati has been deprived of an honorable, high-minded and intelligent member, whose loss to society can be appreciated by the success of his brief career.

Resolved, That we offer our heartfelt condolence to the parents and family of the deceased, in their sudden and unexpected bereavement, and that a copy of these proceedings be tendered to them.

Resolved, That, in respect to the memory of the deceased, we will attend his funeral, to-day, at one o'clock, P. M., and that the proceedings of this meeting be published in the daily papers. WALCOTT RICHARDS, President.

C. B. Hughes, Sec'y.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.

PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO.

No. 2.] CINCINNATI, FEBRUARY, 1855. [VOL. XVI.

Original Lectures, Essays and Communications.

Lectures on Diseases of the Brain and Nervous System. By L. M. LAWSON, M. D., Professor of the Theory and Practice of Medicine in the Kentucky School of Medicine, Louisville.

LECTURE I.

In commencing the study of nervous affections, it will be proper to review, briefly, some of the most prominent characters of *structure*, so that we may be enabled to trace, as far as possible, the connection between symptoms and lesions of particular portions of nervous substance. I shall first direct attention to that important class of derangements known as coma and apoplexy, including the different varieties of these affections; and in order to comprehend these disorders of circulation, it is of the highest importance to form correct opinions in regard to the laws governing the action of the blood vessels, and the consequences which follow a perversion or suspension of the distribution of blood in the capillaries.

1. *Structure of the Brain.*

Under the term *brain* it will be convenient to include all the nervous substance contained within the cranium, although the

medulla oblongata belong to the spinal cord, and some other portions seem to be endowed with similar properties.

Anatomically, the neurine of the brain is divisible into the grey or vesicular, and the white or tubular portions. The vesicular, grey or cortical portion constitutes the ganglia, or *nerve centres*, which originate nervous action; and the white or tubular structure is simply the *conducting* element, and has no agency in generating nerve power.

The grey or vesicular structure (a mass of which is properly denominated a *ganglion*) is found in various portions of the brain, but always in immediate connection with the tubular portion. The largest ganglion is the cortical portion of the cerebrum, occupying the external surface, and forming the convolutions of the brain, or the hemispherical ganglion. It is largely supplied with blood, and is presumed to be the seat of the purely intellectual faculties.

In addition to this *hemispherical ganglion*, there are other ganglia situated deeply within the cerebral structure, or near its base, some of which occupy an intermediate position and relationship between the spinal cord and cerebrum. Without enumerating the ganglia of special sense, those of most importance in pathology are the *corpora striata* and *thalami optici*.

These sensory ganglia appear to occupy an intermediate position, anatomically, physiologically, and pathologically, between the spinal cord and cerebrum. Thus the anterior or motor track of the spinal column passes upward to corpora striata; and the posterior or sensory fibres ascend from the oblongata to the optio thalami. Another set of fibres appear to descend from the hemispheres of the cerebrum to the ganglia—one set to the optic bodies and the other to the striated ganglion. The connection, therefore, with the cerebrum above and the cord below, would seem to be complete; and the central position thus occupied by these portions of the brain, render them liable to influences imparted either from the cerebrum or spinal cord.

It appears highly probable, if not positively certain, that the motor influence (which is propagated *from* the brain) has for

its centre the corpus striatum; and the sensory principle (which proceeds to the brain) is centralized in the thalami optici. In accordance with this view, the corpus striatum becomes the *agent* which *executes* the mandates of the will or volition generated in the cerebrum; while the optic thalami dispense sensation to the cerebral ganglion, or the centre of intellectual perception.

The *cerebellum* does not appear to be connected with either the generation or propagation of motion or sensation, but may be regarded as an agent producing *co-ordination* in the general muscular movement; and having no direct connection with the cerebral hemispheres, it is not readily influenced by the varying conditions of mental excitement. Its diseases produce neither spasm, paralysis, nor neuralgia.

The medulla oblongata, possessing the general properties of the spinal cord, is endowed with a high degree of reflex movements, and when inordinately excited induces spasmodic action.

These several parts have each their special physiological relations, and when diseased, doubtless give rise to very different phenomena. Thus excitement of the cerebral hemispheres induces delirium, and it can never occur without this portion of the brain becoming involved, directly or indirectly. Compression of the corpora striata and optic thalami, or impairment of their functions from any causes, induces paralysis, more or less complete; and in a still higher degree of derangement a state of semi-consciousness, bordering on coma, will result. Irritation of the medulla oblongata causes spasm, more or less general; while a minor degree of excitement of any central ganglion may induce neuralgia. The state of coma results from a more profouud, or extensive morbid condition, affecting ultimately the cerebrum. A minor grade of action may induce *delirium*, while a more profound impression of the same causes gives rise to *coma*.

It must be remembered, however, that these parts are intimately associated by means of commissural fibres, and as a result of this relationship, disease is readily propagated from one to the other.

Independent of the *local* diseases of the brain, its morbid state exercises an important influence over the general system, and special organs. During high excitement, great exaltation of sensation, general and special, usually occurs; the circulation and respiration become accelerated, and animal heat is proportionally increased.

But as the excitement finally diminishes, a different class of phenomena supervene; the circulation becomes feeble and oppressed; respiration labored; secretions deranged; the blood vitiated, and all the organic functions materially impaired. Thus, although the brain does not *immediately* control the functions of organic life, yet a great degree of disease disturbs the equilibrium of innervation, and depresses the vital actions of even remote parts. *Sudden* disease or injury of the brain exercises more influence over the organic function than more extensive derangements when occurring gradually; and it is to this circumstance that we are to ascribe the fatal effects of comparatively slight effusion of blood, when occurring suddenly, and the great extent of even organic lesion which can be borne when its approach is moderate and progress slow. In accordance with this law, a small clot infused into the brain may prove speedily fatal; while large portions of cerebral substance may be lost, by a gradual process, with very remote fatal results, or even entire recovery.

2. *Circulation of the Brain.*

One of the most important subjects connected with the medical relations of the brain is its circulation. Very different opinions have been promulgated on this subject, and doubtless important errors have been committed by a partial or perverted observation of essential facts.

The brain evidently receives a very large amount of blood—greater, indeed, than any other viscus. The circulation is maintained through the two carotids and two vertebral arteries; and these vessels, according to the estimate of Haller, convey one-fifth of the whole mass of the blood. The variations in the functions of the brain induced by an increase or diminution of arterial or venous blood, are more marked than

in any other organ; and the relative effects of arterialized and non-arterialized fluid become especially prominent. An increased quantity of arterial blood causes *excitement*, varying from a mere physiological exaltation to active delirium; while an increase of *venous* blood reduces sensibility, ranging from slightly impaired action to complete coma. Arterial blood is stimulating—venous depressing. And a general reduction of the combined circulation (a state of anæmia) is capable of inducing first delirium and ultimately coma; so that insensibility may arise equally from too much or too little blood. Delirium, therefore, is no evidence of inflammation; nor can coma be regarded as a sign of compression.

These varying conditions are usually ascribed to increased or diminished *pressure;* but there is reason to believe that the changes depend rather on an altered state of excitement, or physiological stimulus, and is therefore vital and not mechanical.

The most important question, however, connected with the circulation of the brain, relates to the varying quantities of blood—absolute or relative—capable of being introduced into the cranium. It has been made a question whether the quantity of fluids admitted of increase or diminution in the brain equivalent to what occurs in other organs. The doctrines taught by Monro, the experiments of Kellie, and the practical observations of Abercrombie, seemed to prove that the fluid contents of the cranium remain under all circumstances nearly or quite the same, so that even copious depletion could not render the brain bloodless, as would be the case in other organs. This opinion is based mainly on the following facts: that the cranium forms a spherical, solid case, which protects its contents from the effects of atmospheric pressure; that the cerebral substance, membranes, blood, and cerebro-spinal fluid completely and perfectly fill the sphere, the plenitude of which is maintained by atmospheric pressure on the surface of the body; that the substance of the brain is not compressible by the force of the circulation; and, therefore, that no one part of these contents can be removed without a corresponding increase in

some other constituent. Thus, if the quantity of arterial blood be diminished, that in the veins proportionally increases, and vice versa; and if the whole amount of blood becomes reduced, the *serous* contents increase to supply the deficiency.

One class of experiments performed by Dr. Kellie consisted in bleeding animals to death, and he found, contrary to what occurred in other organs, that the quantity of blood in the brain was not diminished. If, however, he *trephined* the animal before bleeding, the result was different,—the brain becoming bloodless similar to other parts. Hence he inferred that the absence or presence of atmospheric pressure was the principal condition in determining the result.

More recently, Dr. Burrows instituted a nearly similar series of experiments on the same subject; and, singularly enough, reached conclusions directly opposite to those of Dr. Kellie, and he therefore concludes that the quantity of blood in the brain *can* be materially increased or diminished by bleeding or disease.

It appears, however, that Dr. Burrows labored under some degree of misapprehension in relation to the opinions which he attempted to disprove, and that the results of his experiments, in the main, illustrated a truism which Kellie and Monro had not denied. These latter observers did not assert that the quantity of *blood* in the brain could never be diminished; on the contrary, the law announced was, that one *fluid* could not be reduced without a corresponding increase of another. Thus the whole mass of blood may be increased, and the whole mass of serum decreased; or the blood diminished and the serum augmented. No doubt can be entertained in regard to the correctness of this position. Indeed the diminution of the whole mass of the brain will be speedily followed by an increase of serum; this was shown by Audral in the atrophied brain of old persons, in whom the cerebro-spinal fluid proportionally increased. It is thus that the brain becomes bloodless and blanched in some cases of wasting disease, such as phthisis.

It remains a question, nevertheless, whether a strong action

of the circulation cannot force into the brain more than a physiological amount of blood, and whether, as in congestion, the quantity is not positively increased. Doubtless it may be so, to a limited extent, for the displacement of the cerebro-spinal fluid by the force of the circulation, leaves an additional space to be occupied by the blood; but there is no evidence, nor is it probably true, that the cerebral *substance* can be *compressd* by the action of the vessels, so as to admit of an increase of blood. The absolute increase of blood, therefore, is comparatively small, and far less than is indicated by the experiments of Dr. Barrows.

The main question, however, and that which possesses the greatest practical importance, relates to the proportional increase and diminution of arterial and venous blood. Thus if the force of the heart and arteries be materially weakened, and less arterial blood sent to the brain, the withdrawal of that portion of the circulation must be replaced by some other constituent, which will be either venous blood or serum; and as the process of exhalation cannot take place instantly, the necessary result must be the preponderance of blood in the veins. And as the same law is applicable to a reversed state, or where the arterial blood is increased, it is abundantly apparent that the principal changes in the blood of the brain relate to the relative proportions of the arterial and venous fluids, and that *as one increases the other necessarily diminishes, while if both diminish the serum increases to supply the loss.*

It is abundantly evident that *blood-letting* should be regulated by these general laws; thus, while we may by direct depletion arrest an increased flow of arterial blood to the brain, the same measure would tend to *increase* the venous element and thus augment congestion.

It is doubtless true that an increased quantity of blood may be transmitted *through* the brain, in a given space of time, by virtue of increased capillary circulation, and this may be maintained for a length of time without impairing the physiological state; or it may become so excessive as to cause morbid excitement. But in either of these conditions, the *absolute*

quantity of blood at any one time, remains nearly or quite the same, plus the displaced cerebro special fluid.

In addition to the preceding peculiarties of the cerebral circulation, there are some other points deserving notice in this connection. The arterial blood is conveyed to the brain through the two carotid and two vertebral arteries; and although the aggregate quantity conducted by these vessels is very large, their mode of distribution is so arranged that the currents of blood reach the cerebral substance in a remarkably gentle and gradual manner. Thus the blood ascends against gravity; the vessels enter in a tortuous and indirect manner; and, finally, they sub-divide, in the pia mater, until the minute vessels which pass from the membrane to the substance of the brain are but little larger than ordinary capillaries. No large arterial trunks enter the nerve substance.

These anatomical arrangements clearly show that a *forcible* current of blood cannot be precipitated on the brain, but that it must enter the cerebral substance in minute and gentle streams. The brain is, truly enough, surrounded by an "atmosphere of blood," which gently distills its currents into the cerebral structures. Increased action of the arterial circulation (determination), therefore, cannot induce sudden insensibility, or coma, *except by extravasation;* but the common and legitimate effect of such increase of circulation will be *delirium.* Within physiological limits, no special results follow an increase of circulation through the cerebral arteries, except a greater degree of mental activity; and the carotids may throb for hours without producing disease.

The free anastomosis of the arteries, in the smaller branches on the surface of the cerebrum and cerebellum, and in the larger at the base, constituting the circle of Willis, tend still further to equalize the flow of arterial blood to the brain.

The *venous* circulation is regulated very differently from the arterial, and its derangements more readily lead to serious morbid results. The venous radicals are collected into small trunks in the substance of the brain and the pia mater, and proceed to those large expansions known as sinuses, through

which the circulation is sluggish and easily retarded. The tonicity of the walls of the capillaries of the brain (as elsewhere) is under the immediate control of the ganglionic nervous system; and a depressed state of that nervous influence causes dilatation of the vessels, and therefore induces stagnation. In addition to this, it is doubtless a well founded physiological law (as pointed out by Dr. Draper), that the force which maintains the venous circulation resides mainly in the capillaries, and is intimately connected with the nutritive function.

It will be evident, therefore, that depressed innervation, which induces *dilatation* of the capillaries, and necessarily impairs *nutrition*, must largely interfere with venous circulation, and cause congestion. But the circle of morbid causation does not stop here,—it includes also the heart. Thus a general *weakening* process whereby the force of the heart and arterial circulation becomes impaired, reduces the arterial blood and increases the venous; while the same debilitating agency depresses capillary innervation, causes dilatation and stagnation; and, in addition to this, the stagnated venous blood exercises a direct lowering effect on the nerves, and contributes to the general result. Thus the disease goes on, by a progressive and self-producing increment, and extends from organ to organ, until the brain, lungs, right heart, vena cava and liver may all become involved, and contribute to the fatal issue.

Cerebral congestion, therefore, in its idiopathic form, and the consequent *coma* which sometimes ensues, is a disease of *debility*, and is not under the control of blood-letting.

COMA.

Definition.—The term *Coma* is derived from a Greek word signifying *sound sleep*. In medical language, it is intended to represent a condition very different from *sleep*—a state in which the loss of volition is the result of disease, and not merely a physiological suspension of consciousness. The term *Coma*, therefore, is employed by medical writers to indicate a more or less complete volition, either as a primary disease, or the result of some intercurrent affection.

Few subjects in the entire range of medical philosophy have given rise to more confusion and error in pathology, or led to more varied, not to say false deductions in practice, than comatose affections. Pathological conditions of the most opposite characters have been, by forced analogies, introduced into class with the diseases of which they had no affinity, and symptoms have been ascribed to morbid conditions the very reverse of those which actually existed. The errors on this subject arise mainly from a failure to recognize coma as a mere symptom, produced by different causes, but regarding it as a sign of a special and uniform lesion—that of compression.

I shall employ the term coma, in a generic sense, to represent a class of affections in which a loss of consciousness is the most prominent symptom, but which will embrace varieties of disease widely different in their essential nature.

The following varieties will be included under this generic head:

1. *Active Coma*, commonly called apoplexy, or cerebral hemorrhage.
2. *Passive Coma*, or cerebral congestion.
3. *Toxic Coma*, arising from the action of poison.
4. Anæmic Coma, depending on a diminution of blood.

It will be remarked, that these four varieties of disease embrace widely different conditions of the brain, the result of greatly varying poisons; but as they are all characterized by a loss of voluntary motion and consciousness, they are properly arranged under the same head, and in medical language styled coma. More commonly, however, the *active* variety, or *apoplexy*, is treated separately, and regarded as differing from the other varieties. But it unfortunately happens, in connection with that arrangement, that not only cerebral *hemorrhage* is styled coma, but *congestion*, when sufficiently intense to induce insensibility *suddenly*, is also called apoplexy, and even a loss of consciousness from anæmic states of the brain, will receive the same title, if the symptoms occur suddenly. It is evident, therefore, that great and dangerous confusion has in this manner been produced, and which is liable, by the influence of a

leading false idea, to induce serious mistakes in practice. This error will be avoided by employing the term *coma* to express a single condition, that of suspended consciousness, which runs through all these affections; and qualifying it by such adjectives as will assign to each variety its true position.

GENERAL PATHOLOGY OF COMA.

Before entering on a description of the several varieties, it is necessary to remark, that however different these lesions may be in their essential causes, there is a common pathological element running through the whole series, and which, at some point in the chain, brings them to a very close approximation. This declaration is not in accordance with the generally received opinions on these subjects, and therefore requires explanation. The usually received opinion in regard to the efficient cause of the apoplectic state is, that the loss of consciousness arises from the compression, or at least pressure, of the cerebral substance, whereby its functions become obliterated. Dr. Copland, however, very philosophically argues, that *compression* never occurs; but he admits that *pressure*, especially in the arterial capillaries, may be sufficient to cause the phenomena of apoplexy. He very justly concludes, however, that the essential pathological element consists in a loss of nervous power, and consequent dilatation of the capillaries. The important question to be solved is, whether the loss of consciousness depends on a *forcible* obliteration of the functions of the brain (either by actual compression, or the more limited pressure), or by an *exhausting* process, beginning in the nervous system and extending to the capillaries.

In the anæmic or passive congestive forms, it can hardly be doubted that the state is one of exhaustion; and the only question, therefore, which can admit of dispute, is the cause of insensibility in cerebral hemorrhage, or active arterial circulation. Inasmuch as arterial blood causes *excitement*, varying from a mere physiological exaltation to active delirium, it would seem *a priori* that the resulting morbid action must be of an *active* character—either forcible mechanical pressure, or preternatural vital excitation. But in attempting to reach such a con-

clusion, we are forcibly reminded that the phenomena of coma indicate *obliteration of sensibility*, so that there can not be *exalted vitality;* and the question is therefore narrowed down to mere mechanical compression. And, finally, the arterial distribution to the brain being so arranged as not to admit of large or forcible currents (as previously explained), it appears certain that the only source of mechanical pressure must arise from *extravasation* of blood.

When the quantity of effused blood is very large, occupying a considerable extent of the deep-seated portions of the brain, or spreading over its surface, there seems a fair assumption that some degree of mechanical influence is exerted; but there is sufficient reason for the belief that even in these extreme examples, the cerebral substance is not *compressed;* and the only efficient impediment which follows is, doubtless, *interruption of capillary and venous circulation.* In reference to this point, Dr. Clutterbuck observes: "That interrupted circulation of the brain is the proximate or immediate cause of that temporary suspension of the sensorial functions which constitute the apoplectic state."—(*Cyc. Prac. Med. art. Apoplexy.*) The cause of this interruption may be, in one case, pressure on the capillaries caused by extravasated blood; while in another and opposite class, the arrest of circulation depends on a loss of nervous action.

The preceding explanation appears sufficiently intelligible, as applied to *extensive* cerebral hemorrhage; but when the quantity of blood is very small, amounting only to a minute clot (as occurs in even some fatal cases), there is a marked disproportion between the quantity effused and the effects which follow. In such examples it seems obvious that the apoplectic condition is due to the *shock* which follows the effusion, and not to the amount of *pressure.* And this view is confirmed by the *syncopal* phenomena which attend many such examples; indeed, the prostration is often very marked from the beginning, and is evidently the chief cause of death. Why the shock should be so vastly greater in some cases than others, we can not positively state; but it appears a reasonable con-

clusion, that injury to certain portions of the brain will induce this state more decidedly than in others.

The conclusion, therefore, which appears most conformable to the phenomena of coma arising from cerebral hemorrhage, and which is no less sustained by the general laws of nervous action, is, that the loss of consciousness depends in part on the *shock* following the effusion, and in part on the pressure exercised on the cerebral capillaries—one or the other predominating in particular cases, and the sum of the action being greatly impeded or suspended capillary action.

In *congestive* coma the same general laws are equally applicable; and the only material difference consists in the *idiopathic* character of the exhausting cause—that is, it operates directly on the nervous system, instead of being the result of hemorrhage. Sudden shock, mental or physical, may induce this state, and by suddenly impeding capillary circulation, cause immediate insensibility. In *anæmic* coma, the condition is somewhat different. We can not say there is an *arrest* of capillary action, either by compression or sudden exhaustion; but there is a gradual *withdrawal* of the vital stimulus, and consequent *failure* of action. Still it is a disease of exhaustion, more marked even than the preceding states. This condition Dr. Copland ascribes to "exhaustion of the organic nervous influence supplying the brain, or torpor or suppression of it, inducing a state which may be called paralytic—a paralysis of all the cerebral functions."—(*Dict. Prac. Med.*) Dr. Todd regards coma as in some sense a state of paralysis, especially of the optic thalami.

The preceding conclusions in relation to the essential nature of coma, are based on the general laws governing the cerebral circulation (as previously detailed), and the acknowledged principle that the maintenance of the function of the brain depends on capillary circulation. If, therefore, that circulation be impaired by cerebral hemorrhage (as in *active coma*); by shock or general depressing causes of the nervous system (as in *congestion*); or by diminished quantity of blood (as in anæmic), the result will be in either case COMA; and the final

and essential pathological element, running through the whole series, is, *nervous exhaustion* and capillary *stasis.*

Singular Case of Embryology. By A. GEIGER, M. D., of Dayton, O.

A case recently fell under my observation, that may be of interest to those engaged in obstetric practice, or in the wider field of embryonic development; and as such I briefly report the *facts*, without note or comment.

About the first of August, 1854, I was called to see Mrs. C———, aged 36, mother of five children, and a lady of good constitution, and generally enjoyed good health. On my arrival, I found that she had given birth to any embryo; which, from its general appearance, gave evidence of being of about six or eight weeks' growth. Its peculiar appearance led me to inquire particularly into the history of the case, the condition of the mother's health, and the symptoms of pregnancy that had been present. She informed me that nine months' previously, she had supposed herself so be pregnant; that she had borne several children, and that from the supposed time of her conception she had all the usual symptoms of pregnancy. Within the time mentioned, she had an entire arrest of the menstrual flux.

She also advised me, that some six or eight weeks' subsequent to her pregnancy, she felt a good deal of pain in the region of the uterus, and in the small of the back, accompanied by more than the usual amount of sickness of the stomach. So prominent were these symptoms present at the time, that she greatly feared that abortion would take place. But these symptoms gradually passed off, and her health became as good as usual, with the exception of occasional nausea of the stomach and loathing of food.

On the morning of her delivery, she was attacked with labor-pains, and in a few hours was delivered of an embryo. It was expelled with the membranes entire. The membranes were unusually dense, and of a peculiar dirty, rusty-colored appearance; and, upon being punctured, the liquor amni escaped,

having also the appearance of water charged with rust of iron. The embryo presented the same dense, rusty-colored appearance, and gave no smell, nor the slightest evidence of putrefaction.

There are some questions of interest to the physiologist and pathologist connected with the history of this case, and the singular condition of the embryonic structure.

First—Is it necessary that the fœtus shall have attained a *given size* before natural labor-pains take place? Was the embryo carried during the full period of utero-gestation? What gave rise to the apparent transformation of structure? Is calcareous or osseous degeneration, approaching a condition of *petrifaction*, usually associated with arrest of development? As a general pathological law, the tissues most liable to these changes are those low in the scale of organization. Was not the change resulting from the arrest of development principally chemical, consisting in transformation of tissue in consequence of the accumulation of calcareous salts in the debris of animal matter; and how much did the peculiar vital actions of the uterus contribute toward preventing decomposition?

Proceedings of Societies.

St. Clairville, O., January 22, 1855.

At the annual meeting of the Belmont Medical Society, the following members were elected as officers for the ensuing year:

President, Dr. Updegraff;
Vice-President, Dr. S. B. West;
Treasurer, Dr. Weyer;
Secretary, Dr. H. West.

Dr. Affleck read an Essay entitled the *Practice of Medicine as it Is, and as it should Be.* He takes the ground, that the soul is material and subject to medication, and entered into a long argument to prove his position.

The latter part of his paper was more practical. His opinion is, that it is folly to think that a person can, in his short life-time, know all that relates to medicine; and the idea of a man graduating with two or three years' study is preposterous; and that such persons do more harm than good—that they kill more than they cure.

Dr. Campbell entirely dissented from the doctrine taught by the learned essayist, and thought such sentiments contrary to all our ideas of the soul; and was unwilling to endorse them as the sentiments of this society, but was willing to let the essay be published on the responsibility of Dr. A. himself.

Dr. H. West agreed with the second part of the essay, as to medical education, and was of opinion that it should be much more thorough and extensive. The time of reading should never be less than three years; and the practice of admitting young men into our offices indiscriminately, without reference to their education or moral character, was all wrong. He hoped the effort now being made by the "American Medical Association" would be successful, and soon our country would be filled by men of much better education.

Dr. Pratt read a paper on "Mechanical Dentistry." He stated that he had discovered a new plan of soldering artificial teeth, and their management generally, but *refused to give the discovery*. After a discussion on the propriety of keeping discoveries secret, quackery, &c., the paper was rejected, on account of its being contrary to all rules on that subject.

Dr. McConahey reported a case of what he thought to be Bright's disease of the kidneys; was treating it with Taraxacum and Hyd. Potassa. He will give the result at future time.

Dr. H. West reported a case of placenta prævia. No new principle or practice introduced, but the retention of the fingers as a tampon for some twenty minutes, waiting for a dilatation of the os uteri in order to turn the child and deliver.

The subject of ergot came up. It had been used pretty freely during the continuance of the case, without any perceptible effect.

Dr. Levengston thought that ergot would be of no service in such a case; and according to his experience, it never did good unless there was natural labor, or that contractions had commenced, or actually existed at the time.

Dr. West gave ergot in this case, not with the expectation of doing much good; but the case was an alarming one, and he did not wish to leave any thing undone that would have the tendency to do good, or that had the name of having done good.

He never had much confidence in the ergot, and thinks if it ever did produce contractions, it fails so often that to have confidence requires faith strongly developed.

Dr. Affleck thinks it will act about half the times given. He has had the medicine prepared, and concluded to wait half an hour in cases, and before the half hour was out, the child was born, and no ergot used. He has not much confidence in it.

Dr. Schooly thinks it not of use in cases like that reported. Thinks it would have no more effect on the uterus than on a wet blanket.

Dr. McConahey made a report from the standing committee, on the improvements in the "Practice of Medicine."

He dwelt principally on the surgical branch of the practice.

Dr. Cash read a paper, at the July meeting, on the Digestive Organs, their normal and abnornal condition. Some discussion followed, but nothing new was developed.

The Vice-President read his official address; subject—*Our Profession.*

A long and interesting discussion followed, and was concluded by the author submitting the following resolution:

Resolved, That on application of young men to study medicine in the office of any member of this society, before being admitted he shall produce a certificate from a committee of this society, setting forth that the applicant has obtained a good preliminary education, and in the opinion of the committee is qualified to study medicine.

The January meeting was held on the 18th inst.

Since our last meeting, two of our prominent and useful

members, Drs. Drake and Hewston, have been removed by death. Suitable resolutions were passed and ordered to be published.

The subject of writing essays came up for discussion.

Dr. Schooly stated his inability to compose, and was of opinion that anything he could write would be uninteresting to his fellow members.

Dr. H. West thought his young friend in a serious error. He may know many things that his older brethren do not. The minds of young men are generally more inquiring than older ones. He thinks that no person will ever become a good writer unless he makes an effort.

Dr. M. K. Wright made some remarks on the subject of *cholera infantum*. His treatment consists principally in anodynes, astringents and absorbants, with occasionally a full dose of calomel with turpentine.

Dr. Gaston reported three cases of *acute rheumatism*, treated by urate of ammonia in the form of poultice. He takes potter's clay, dry, and saturates it with human urine, and applies it in the form of a large, thick, hot poultice. He speaks with much confidence of this application.

The subject of rheumatism, and its treatment, came up for discussion.

Dr. Gaston generally commences his treatment by bleeding to incipient syncope, followed by calomel and Dovers' powders, and then applies his poultice. The time required to cure his cases reported was four days.

Dr. Campbell has used the poultice in four cases, and has no doubt but it has done good in his hands.

Dr. Affleck has no confidence in the application of external remedies. He thinks the absorbants have but little power. His treatment is nit. potass and tart. emetic. He (Dr. A.) would have had more faith if the poultice had produced the good effect, and the old remedies had not been used.

Dr. Gaston would have thought so too, if the joints that had been left without poultice had been as well as those covered.

Dr. L. Schooly has used the clay poultice alone with good effect.

Dr. McConahey has used baked clay in sprained ankles, and in snake bites, and thinks it has done good. He differs from his learned friend, however, as to depletion in acute rheumatism. He never bleeds. He, himself, was bled, when a boy, fourteen times for one attack, and has no doubt but depletion was the cause of his lameness. He thinks it will also produce translation to the heart. A small portion of opium and Peruvian bark will reduce a hard pulse sooner than depletion, either by the lancet or other remedies.

Dr. L. Schooly has used, with happy results, the cimicifuga, carried until it produces its specific effect. He uses the saturated tincture in doses of from forty to sixty drops four times per day. He has cured cases in a week.

Dr. Affleck says the lancet is no great favorite with him. He depends upon tartar emetic for depletion.

Dr. H. West commences his treatment generally by a portion of calomel, say eight grains, with from one quarter to one half gr. of morphia, followed by a portion of castor oil; after the operation of the oil, he uses alterative portions of calomel, morphia and ipecac, thus:

℞ Calomel, gr. xij.
Morphia sul. gr. iss.
Ipecac, gr. iij.
M. ft. pill No. vi.

One to be taken from two to four hours, owing to the severity of the pain. This will generally induce diaphoresis, after which he withdraws the calomel and ipecac, and substitutes quinine in portions of from one to three grains, and continues the morphia. He cured a case of a boy, by giving him large portions of quinine and calomel from the first visit. Very seldom bleeds.

Dr. Hoover uses the lancet in plethoric subjects, followed by alteratives, anodynes, diuretics, and diaphoretics; has used quinine in rheumatism in fifteen grain doses.

Sundry other cases were reported and discussed.

Drs. Ephraim Gaston, Henry West, James M. McConahey, and J. T. Updegraff were appointed delegates to the *American Medical Association.* HENRY WEST, *Sec'y.*

Hospital Reports and Reports of Cases.

State of Ohio, vs. Dr. Geo. Blanck, } Manslaughter.

Case of Mal-Practice, investigated in the Police Court of this city. Hon. Wm. L. Spooner, Judge. Thos. A. Logan, Esq., Prosecuting Att'y. J. B. Stallo, Esq., for Def.

Dr. Blanck, charged with causing the death of George Kling, by opening with a lancet, a popliteal aneurism.

Dr. Menzies, the Coroner, was first called to the witness stand, and testified that he had held an inquest over the body of Kling, and that a post mortem examination revealed the existence of popliteal aneurism.

Dr. Menzies.—I am the Coroner of Hamilton county; on Wednesday evening of last week I was called to hold an inquest over the body of George Kling. I found the body on John street, between David and Wade streets. I attended the post mortem examination, which was made by Dr. B. F. Richardson and myself. We found a swelling on the right leg, in the popliteal space, which, upon dissecting it out, we ascertained to be an aneurism. An aneurism is a dilatation of an artery, and may arise from a variety of causes. In this aneurism we found a puncture about ½ inch long. Aneurisms are distinguished from other tumors by their pulsation, by the whizzing sound attending them, and by their subsidence, when the blood is pressed out. There is no medical authority, of which I am aware, that would authorize the puncture of an aneurism. There are various modes of treating aneurisms for the purpose of cure: compression, ligature of the artery, injection of iodine, &c. I regard the puncturing of an aneurism as very bad practice.

Cross-examined.—Don't know who made the puncture which we found. If I had made such an incision, I would

have expected fatal hemorrhage to ensue very soon after, although I can account for its non-appearance until several days after the operation. Pulsation is a test of aneurisms; the apparent pulsation in abscesses is more local, more *throbbing;* in large aneurisms, however, the pulsation sometimes becomes very indistinct; the whizzing sound, too, cannot always be readily heard; it might be proper practice to puncture aneurisms, when they are suppurating after ligature or after a spontaneous cure; there may be other modes of treatment besides those which I have mentioned; amputation was formerly deemed necessary; galvano-puncture has been resorted to. I have heard of cases where eminent surgeons have mistaken aneurisms for abscesses, but do not now recollect names. Aneurisms may burst spontaneously; such may have been the case here, if the deceased walked about, and used his limb.

[Here two friends of the deceased gave testimony, which relates sufficiently the history of the case. The name of first not obtained.]

Mr. Kling was about 40 years of age; stone-cutter by trade; kept coffee house last; was not in the habit of drinking; kept his bed about eight days before his death. Leg was swollen at the instep and along the front part up to knee, and was swollen behind the knee.

Barbara Vorthater sworn.—Testified that she had known deceased about seven years, and lived in the house with him the last three months. He had been sick about two months, but could go about until the Dr. saw him. Leg was swollen at instep, and up to knee; at the knee there were two lumps; tumors were white, and not red or inflamed; was only in bed three days. The Dr., when first called, did not come to see him, but gave some medicine to take by the mouth. This was on Wednesday. On Saturday, the Dr. saw him, and said the leg had very bad "*blood biles*"—gave something to wash them with, and ordered a bread and milk poultice. On Monday, the Dr. saw him again, and said it was a bad "*blood bile,*" and must be opened; took a long knife and run it about

one inch and a half in the tumor behind the knee. About a tea-spoonful of blood run out, but no matter came with it. The blood was bright red. The Dr. then said it would soon get better when all the blood was discharged; ordered a salve, and to continue bread and milk poultice. The cut was made about 10 o'clock on Monday, and the salve and poultice were faithfully applied until Wednesday, in the hope of making the tumor discharge. About 10 o'clock on Wednesday, it began to bleed from the wound, and Dr. B. was sent for, but could not come; gave the messenger a cent, and told him to bind it on the wound, and said it would stop the bleeding. As the blood was filling the bed, the man got up and went to the stove, when the blood spurted out freely, in jets, and made large puddles on the floor. He soon got weak, and said he could not see, nor hear, and in five minutes he was dead.

The man that went for the Doctor, testified, that the Dr. told him that the bleeding was good, and that they were too much alarmed; to tie the cent on and the blood would stop. The cent was tied on, but the man was dead before it was done.

Dr. Richardson sworn.—Made the post mortem examination on Wednesday, and found a popliteal aneurism of the right leg. Found a tumour, or enlargement, with an incision in the most prominent point, one half inch long, or large enough to admit the ring finger into the cavity. It filled up the popliteal space entirely. Cut round the tumor carefully and removed it entire. After separating it, he passed a director from above through the artery, and it entered the cavity and passed out below. Found it to be a true aneurism filled with coagulated blood, and lined with layers of fibrin. The layers of febrine were, in some places, adherent to the walls of the tumor, and at other points they were loose and floating.—Calls it a true aneurism, where all the coats of the artery dilate. False aneurism, where the inner coats are broken and the cellular coat alone forms the sack. Thinks the serous coat may distend without rupture, as serous membranes in other parts of the body do. Considers this a true aneurism, because

the orifices of the arteries are about four inches apart, which would not be the case in false aneurism, as the tumor in that form springs from the side of the artery without separating the orifices.

[Here the tumor was exhibited.] Would hold about a pint of fluid. Found a coating of fibrin on all the inner surface of the cyst, except at the orifices of arteries. Recent coagula occupied the centre of the tumor.

Popliteal aneurism is the most common form of the disease, except that of the aorta. French tables of 180 cases show that of these over 60 were popliteal.

Treatment of Aneurism.—There are several modes in use, and some obsolete, described in the books. Pott recommended amputation—before his time, the ligature was applied to the artery and the sack laid open, but this mostly proved fatal; hence Pott's recommendation. Abernethy and Hunter recommend the ligature above the tumor, and pressure. This is the mode now mostly used. The femoral artery is most often tied, as the tumor does not always give room in the popliteal space.

Diagnosis.—It is hard to distinguish a recent aneurism.—Pressure on the artery, to stop the pulsation, not reliable, as this would also stop the pulsation in a tumor in contact with the artery, as well as in the aneurism. Layers of fibrin reduce the pulsation. The bellows sound will cease when the fibrin reduces the tube in the sack to the size of the artery, but it will always be present when the tube is either larger or smaller than the artery.

The most reliable method of diagnosing an aneurism in the popliteal space, is one of my own discovery, or at least it is not described by any of the fifteen authors, whose works are in my library. This method is, to examine the tumor while the leg is moderately flexed. If it is an aneurism, the pulsation will still be felt in it; but if it is a tumor, on, or by the artery, the pulsation will cease. Pressure will not always remove an aneurism, because they mostly have fibrin in them.

A tumor is mostly covered with blue veins, which is not the case in aneurism. An abscess generally comes on with inflammation, attended with a throbbing pain. Pain in abscess would be greatest at first, while in aneurism it would be greatest at the last of the formation. Œdema of the limb would arise from obstructed circulation.

If I was called to a case of tumor in the ham, I would at once suspect aneurism, because it so often occurs here.

[Cross-examined by Stallo.]

Would not operate in this region without great caution—no physician would; would have a ligature, or a toniquette, or pressure with the thumb, on the artery before operating. In doubtful cases, would use exploring needle before the lancet. Blood might come from a wound in an abscess. Coagula might prevent the flow of blood from an aneurism at first. Distinguished surgeons may make mistakes, but I do not know of any record of such mistakes. Would expect blood at once if the cavity was entered; a few drops would not excite suspicion. Fibrinous matter may form about an abscess. Could tell the difference between a true and false aneurism, in the living person; the true would present an even surface, while the false would be lobulated. This tumor would hold about a pint. There is no fluctuation in aneurisms. The distinctness of pulsation is in proportion to the amount of fibrin deposited. In this case, ⅓ was fibrin, and ⅔ recent coagula.

To Logan.—The blood of an aneurism may be absorbed without being let out. The artery may be plugged by fibrin, so as to prevent bleeding. If called to a case of aneurism, would not puncture it without first applying the torniquette.

Court adjourned to 2 o'clock to-morrow.

Court convened at two o'clock.

Dr. T. Wood sworn.—Is the Professor of Anatomy in the Medical College of Ohio. Has examined the tumor; finds it to be a polipteal aneurism; the marks of the fibres of the popliteus muscle on the sack show the position the tumor occupied. The

structures that cover the polipteal artery are, the skin, superficial fascia, deep fascia, a deposit of fat, (varying in thickness very much in different persons), and the popliteal vein and nerve. Some glands, belonging to the absorbent system, also occupy the popliteal space. Abscesses may form in the popliteal space, and the glands may enlarge so as to form hard tumors in the vicinity of the artery. These may appear to pulsate by receiving the impulse of the beating artery. An aneurism is generally distinguishable by the pulsation, and by the whizzing sound. It would not be good practice to open an aneurism before the artery that supplied it with blood was secured. Does not believe that the lancet, in this instance, entered the sack. Thinks it would have bled at once if the sack had been opened. Believes the opening to be a rupture instead of a cut with a sharp instrument, from the fact that the three coats of the sack are visible in the margins of the opening, and the fibres of each are separated instead of appearing cut across, and the long axes of the wound in the coats are not parallel, as they would have been if made at one thrust of the lancet. Aneurisms are at times difficult to diagnose. Have heard of mistakes being made, but never saw a case of mistake.

Dr. R. D. Mussey sworn. Examined by LOGAN.—Had examined the specimen in court, and believed it to be aneurismal. If it was understood to be aneurismal, no surgeon would puncture it with an instrument. Of external aneurisms, the most common is in the popliteal space. Has a table, taken in France, of 551 cases of aneurisms, of which 187 were in the popliteal region, and 66 in the femoral artery. The difficulty of diagnosis, depends on the maturity of the disease, and on the region in which it may occur. May be readily distinguished before the sack is lined with fibrin, but the fibrin may form in such abundance as to stop the pulsation. Could not tell exactly how much would be required to destroy pulsation, but it would not be necessary to obliterate the cavity. If an aneurism was punctured the fibrin might prevent the flow of blood for several days. Does not think the application of a poultice

would materially change the result, but motion and free exercise would tend to hasten the hemorrhage. If he had, through mistake, punctured a tumor of doubtful character, and was afterwards informed that bleeding had commenced, he would be frightened, and hasten to the case.

To STALLO.—I am Professor of Surgery in the Miami Medical College, and formerly held the same position in the Ohio Medical College. If an aneurism of this size was opened, he would naturally expect bleeding, whether or not the knife entered deep into the sack. The diagnosis easiest in the early formation of the disease. Pulsation may cease from choking up the arteries by coagulated lymph. Has practiced surgery 49½ years. Aneurisms are not common, and some distinguished surgeons have made mistakes in diagnosing them. Mr. Liston, of the London Hospital, had a case of a boy, with a tumor at the angle of the jaw, which he opened for an abscess, and the patient died from hemorrhage. A post mortem examination in this case showed that Liston was not mistaken in his diagnosing an abscess, as he was accused, but the abscess had so injured the artery by its proximity, that the coats gave way when the abscess was opened. He (Dr. M.) had a similar case to that of Liston, in a boy about 6 years old, whose parents lived on Western Row, in this city. A tumor was found at the angle of the jaw, which appeared to be an abscess, but the patient had occasionally vomited blood, and with the example of Liston's case before him, he refused to open it. In about three weeks the patient died, and an examination showed that an abscess had formed around the internal carotid artery, and the artery and abscess had both opened into the fauces, bleeding the patient to death. Scarpa was in error when he asserted that no true aneurism existed. The internal coat of an artery may expand and line the sack, but it would be a rare case indeed, for the internal coat to remain after the middle coat was ruptured. If this is a true aneurism (referring to the specimen) it is an uncommonly large one, for they seldom get larger than an orange. In this there might not have been pul-

sation. Other tumors may pulsate from being in contact with arteries. A person who has not devoted himself to the practice of surgery, would be very liable to mistake in diagnosing such tumors. Knew two cases in Massachusetts, where such mistakes were made by irregular practitioners. They were aneurisms mistaken for abscesses, and opened by the application of caustic potassa. Both cases were fatal, but the physicians were not prosecuted. In large aneurisms, both the pulsation and thrill may be very indistinct. The whizzing sound is diminished by the thickness of the walls and the size of the tumor, and it is difficult, sometimes, to distinguish between the thrill caused by an aneurism, and that resulting from the pressure of a tumor on an artery.

To Logan.—In the case of Liston, as well as my own, the abscess seemed to have corroded the artery. There was a little pus found in the cavity after death. Would be very unwilling to open a tumor in the popliteal space, unless there was distinct fluctuation, without pulsation, near the surface; and then would use the exploring needle before the lancet, to make sure that pus was there. If, after opening a tumor in this region, any doubt remained of its character, he would place a torniquette on the limb, with direction to tighten it the moment any bleeding might appear; and he would not be long without seeing his patient again. Aneurisms may result in gangrene; and to prevent this, surgeons have laid open the sack and plugged up the orifices of the artery. There are two successful cases, treated in this way, on record. Would not operate on aneurism without first having a consultation. Would not operate without there was some pressing necessity for it, and never for the relief of pain simply.

Dr. Foster sworn.—Has practiced medicine about 18 years. Believes this tumor, from examination, to be an aneurism.—Can't say whether it is a popliteal aneurism or not. Would not consider it good practice to puncture an aneurism, and would never do it, except when great swelling and pressure demanded the operation.

Dr. Jesse Judkins affirmed.—Is a Professor in the Miami Medical College. Has been in practice 15 or 16 years. Would not think it good practice to open an aneurism. Thinks this specimen is an aneurism, but cannot tell whether it was popliteal, or on some other of the large arteries. Knows of no reason that would demand the opening of a large artery.—Knows of no mistakes occurring, in such cases, from his own observation. Dupuytren, of the Hotel Dieu, Paris, opened an aneurism in the axilla, supposing it to be an abscess, and the patient died from the hemorrhage. The aneurism resulted, in this case, from injury done to the artery by a luxated humerus. Dupuytren, who at the time was one of the under surgeons of the house, proposed to tie the subclavian artery between the scaleni muscles, but the superior surgeon refused him permission to do so, and the patient was probably lost from that refusal. Axillary and popliteal aneurisms are about alike in the facility with which they are detected. In the axilla there are three sets of lymphatic ganglia—anterior, middle, and posterior,—and swelling of these may be mistaken for an aneurism of the axillery artery. Could readily account for the blood not coming out at once in this case, by the presence of organized fibrin in the sack. Thinks the sack might have been cut through, without hemorrhage for several days. Would not expect an old aneurism to bleed as soon after puncture as a recent one. Roux, cut down on a tumor in the popliteal space, for the purpose of removing it, but found that it was an aneurism, in which spontaneous cure was effected; he did not remove it, but closed the wound, and the patient recovered. Have seen more cases in Europe than in this country, but cannot say what is the ratio of cases that occur on the two continents. They are certainly rare in this country. Physicians are more liable to make mistakes in diagnosing aneurisms, than if they were of more frequent occurrence. There has been considerable discrepancy in the mode of detecting aneurisms, but at present their nature is better understood, and there is but little difference found in our best authorities. Fif-

teen years since, I understood aneurisms tolerably well, bu now I understand them much better. It is difficult to distinguish between the true and false aneurisms before making a dissection of their coats.

Dr. C. Woodward affirmed. To LOGAN.—Have examined the tumor, and would pronounce it an aneurism. Nothing would justify a puncture in such a tumor. Would certainly hesitate before doing it. Considers such treatment very bad practice.

To STALLO.—Have attended to general practice for several years, but never to important cases of surgery. Has no recollection of having a case of aneurism. Has been in the habit of handing such cases over to the surgeons.

Dr. Comegys sworn. To LOGAN.—Would not puncture; considers it bad practice.

To STALLO.—Have read of the cases of mistakes made by Dupuytren and Roux, of the Hotel Dieu. Might have pulsating tumor from which blood would not flow when punctured. Cannot tell the relative proportion of cases that occur in this country and in Europe. Mistakes do not often occur, but the few are sufficient to put a man on his guard. Would not expect blood to flow at once if an incision was made into an aneurism.

Dr. J. T. Webb sworn.—Considers puncturing a tumor in the popliteal space, without great precaution, very bad practice; for to wound a large artery is quite a serious affair. Would always suspect a tumor, in this region, to be an aneurism first. If satisfied that it was an aneurism, would not open it till the artery was secured. Saw an account in the paper, of a surgeon, who reported that he had removed the liver, but he did not believe it, as the papers do not always tell the truth.

Here the examination of witnesses and experts closed, and J. B. Stallo made a motion to discharge the prisoner upon the ground of the insufficiency of the law and the facts.

His first proposition was, that no person, either a regular or irregular practitioner, if he gave medicine, or performed a sur-

gical operation, with a good intention, and an honest purpose, believing it would do his patient good, could be found guilty of manslaughter, though the patient die from such treatment.

This proposition was sustained by the decision of two cases in the distant States of Missouri and Massachusetts.

The Missouri case was that of an ignorant Quack who gave to a pregnant woman medicine to cure sciatica, which brought on an abortion, resulting in the death of both mother and child. The Court decided that he was not guilty of manslaughter, though there was no doubt that he had caused the death of two human beings, because he had administered the medicine in the honest belief that it would do good, and was ignorant of its fatal tendencies in such cases.

The case in Massachasetts was one of still more daring ignorance, and the court made a similar decision.

Samuel Thomson, the notorious founder of the steam system of medicine, went into a certain town, where a fever was prevailing, and announced that he could cure any kind of fever, whether it was "*red, black, blue or grey.*" A man, who was lying sick of fever at the time, sent for him, and he commenced the treatment by giving large doses of Lobelia inflata. The man grew rapidly worse, but the Dr. continued his doses until in a few hours the death-rattle was heard in his throat, and even then the medicine was forced down him until he died.

Mr. Stallo regretted that there was no special law for the punishment of the crime of mal-practice, but such being the case, any man might administer a medicine, if it was done with a good intention and an honest purpose, no matter how fatal the consequence, and he could not be found guilty of manslaughter.

The second position of defence was, that, admitting the rule deduced by some authors from the older English cases (Rex. vs. Webb, 2 M. & Rob. 107, &c.), that there may be a conviction of manslaughter upon proof of the grossest ignorance or the most criminal negligence; the case of Dr. Blanck does not come within the rule. For, both according to the testimony of the medical witnesses called on behalf of the State, and of

the best medical treatises, aneurisms, as compared with other diseases, are of rare occurrence in the experience of the practitioner even in England and America, and present themselves still less frequently on the continent of Europe; the diagnosis of this disease is always difficult, but especially in the case of a very large aneurism, such as that in question here; the reliability of such symptoms, as the pulsation, bruit, absence of fluctuation, &c., appears to be in the inverse ratio of the size of the aneurism; and the error imputed to Dr. Blanck is not inconsistent, therefore, with the exercise of ordinary skill. Cases where eminent surgeons have mistaken aneurisms for other tumors, are recorded in nearly every treatise on surgery. Vide: Cooper's Surgical Dictionary I. 98; Busch. Surgical Observations (Berlin, 1854), p. 211; Walther, Meyer & Radins' Dictionary of Surgery, I. 444 seg.; Friedreich's Manual of Medical Jurisprudence, II. 856; Richerand, Nosographic Chirurgicale IV. 75; Rust, Manual of Surgery, II. 14; Smith's Operative Surgery, 317; Cooper's Surgery I. 299; Colles' Lectures on Surgery I. 186. These cases seem to justify the remark of De Hæn: "Nullus fere morbus est, in quo tum turpius, tum facilius decipiamur." (There is scarcely any disease, in which we are so badly and so easily deceived.)

STATE OF OHIO,
vs.
DR. GEORGE BLANCK, } Manslaughter.

THOS. A. LOGAN, Prosecuting Attorney, resisted the motion to discharge.

Our statute enacts, that "if any person shall unlawfully kill another without malice, either upon a sudden quarrel, or *unintentionally, while the slayer is in the commission of some unlawful act*, every such person shall be deemed guilty of manslaughter."—*Swan's Rev. Stat.* 229.

It is not pretended that death ensued here from a combat, and the question presented to the Court is, whether a physician or surgeon, while pursuing acknowledged mal-practice in

his profession, can be held to be in "the commission of an unlawful act?"

If this were a civil suit to recover damages, it is not denied that the following rule of law would apply:

"Where a party undertakes to do a particular act, the execution of which requires skill and diligence, he impliedly asserts that he is possessed of the requisite skill and diligence, and for a failure in either, is responsible to the fullest extent."

This rule can be applied to a criminal prosecution, where there is either such gross negligence, or such gross ignorance, as to render an act, not unlawful in itself, unlawful from the manner of its execution.

Lord Lyndhurst held, that "if where proper medical assistance can be had, a person totally ignorant of the science of medicine, take upon himself to administer a violent and dangerous remedy to one laboring under disease, and death ensue in consequence of that dangerous remedy having been so administered, he is guilty of manslaughter. *Rex. vs. Webb*, 1 *mo. and R.* 405.

"There have also been several cases of indictment against medical men, &c., arising from the death of patients; and this general rule seemed to be established by them:—that if any person, whether medical man or not, professing to deal with the life or health of another, cause death, either by his gross ignorance or want of skill, or by his gross rashness and want of proper caution, he is guilty of manslaughter.—*Waterman's Crim. Pro. Archbold's Ed.* 1853, 220.

Lord Ellenborough ruled to the jury—"To substantiate the charge of manslaughter, the criminal must have been guilty of criminal misconduct, arising either from the grossest ignorance, or the most criminal intention, one or other of these is necessary to make him guilty of that criminal negligence and misconduct, which is essential to make out a case of manslaughter.—*Rex. v. Williamson*, 3 c., p. 635.

"On the one hand, we must be careful and most anxious to prevent people from tampering in physic, so as to trifle with

the life of man; and on the other, we must take care not to charge criminally a person who is of general skill, because he is unfortunate in a particular case." "If you think there was gross ignorance or scandalous inattention in the conduct of the prisoner, then you will find him guilty.—*Rex. v. St. John Long*. 4 c., p. 398.

The same man was again indicted for *mala praxis*, and it was held: "If a man, either with gross ignorance, or gross rashness, administers medicine, and death ensue, it will clearly be *felony*. * * * I do not charge it on ignorance merely, but there may have been rashness, and I consider that *rashness* will be sufficient to make it manslaughter. * * * * * I have no hesitation in saying that if a man be guilty of gross negligence in attending to a patient after he has applied a remedy, or of gross rashness in the application of it, and death ensues in consequence, he will be liable to conviction for manslaughter.—*Rex. v. St. John Long*, 4 c., p. 423.

"No man is justified in making use of an instrument in itself a dangerous one, unless he did so with a proper degree of skill and caution. If the jury thought that in this instance the prisoner had used the instrument with gross want of skill, or gross want of caution, and that the deceased had thereby lost his life, it would be their duty to find the prisoner guilty."—*Reg. v. Spilling*, 2 M. & R. 107.

"With respect to what has been said about a *willing mind in the patient*, it must be remembered that a prosecution is for the public benefit, *and the willingness of the patient cannot take away the offence against the public*."—*Bayley, B. Rex. v. St. John Long*.

2. The prisoner cannot shield himself behind the many errors recorded in surgical experience, until he makes for himself a case similar to those where error has occurred. He must first prove that he exhausted the usual tests of aneurism—that he carefully diagnosed all the symptoms, and still, having applied

all the skill required by a surgeon of ordinary education, yet was left in doubt, and erred.

Such is not the testimony. On the contrary, it is shown by his own declaration, that he mistook the tumor for one, similar neither to an aneurism or abscess. As well might he claim that because physicians have mistaken one fever for another, he was justified in an error as remote from the case.

The law is plain, and the defendant clearly within its provisions.

The Decision of Hon. Wm. L. Spooner.—The case of State of Ohio against Dr. Blanck, is one of much importance, as evinced in the able manner in which it has been presented by counsel; and I have given it a careful examination in all its bearings, though I have been too much pressed for time to commit my thoughts to paper.

Manslaughter is defined to be, "killing in an affray, or while engaged in some unlawful act." The question arises—has it been shown that Kling died from an act of the defendant? If so, what manner of act was it? Was it ignorance, or an act of gross negligence and disregard of the life of his patient? If it was either ignorance or neglect, it does not excuse him from answering to an inquiry into the rights of his patient. A man by announcing himself a physician or surgeon, does not acquire the right to experiment with, or sacrifice wantonly, the life or limb of his patient; no matter whether he has a diploma and is well skilled, or is ignorant, he does not acquire the right to experiment with life and limb any more than the private citizen. The question might be asked, would it be lawful for a citizen, ignorant of its power, to administer a medicine and recklessly sacrifice life? or would it be lawful for him to take an instrument and perform a surgical operation, of which he was ignorant? If it is not lawful for a citizen to ignorantly experiment with medicine or surgery, neither would it be lawful for the physician or surgeon to experiment beyond his knowledge.

There is another unlawful feature in this case that might be

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profitably inquired into. Where a person announces himself to the community as a physician or surgeon, and offers his services as one skilled in the sciences, he, by so doing, indirectly pledges himself to bring the best medical and surgical skill and ability to the aid of his patients; and for that skill he demands pay. Now, if a person thus receiving pay, is ignorant of what he professes, and does not know when he is endangering the life of his patient, he is guilty of an unlawful act, and is liable to be indicted for obtaining money under false pretences.

In this case the patient had a popliteal aneurism—a disease that all medical men testify, is easily diagnosed and cannot be mistaken by a man of the ordinary knowledge of his profession, and that it would be gross mal-practice to attempt to treat it, without subjecting it to the various scientific tests. It has been said by counsel for defence, that some of the most distinguished surgeons have made such mistakes; but these are rare and isolated cases—so rare and remarkable, that they have been recorded as lights to the profession, admonishing the surgeon to use greater care, and instead of excusing, they go far to implicate the defendant; for if he has not read the books he is guilty, and therefore we think Dr. Blanck is responsible for the life of Mr. Kling. It is time that the profession was awake, and on the alert against such acts of mal-practice, and it is time the public was defended against the dangers of such persons.

We shall hold Dr. Blanck in bonds of one thousand dollars to answer to the charge of manslaughter, in the Criminal Court, at its next term.

Reviews and Notices.

Principles of Comparative Physiology. By WILLIAM CARPENTER, M. D., F. R. S., F. G. S., Examiner in Physiology and Comparative Anatomy in the University of London; Professor of Medical Jurisprudence in University College; President of the Microscopical Society of London, etc. etc. With three hundred and nine wood engravings. A new American, from the fourth revised London edition. Philadelphia: BLANCHARD & LEA. 1854.

If we compare the sphere of medical science with the physical globe on which we live, a striking analogy is observable in their *geological* composition. In passing from the centre to the surface, or from the primitive to the recent deposits, there are layers, or strata, accurately defined, marking the epochs in which they were formed. And as in the one, we find in the more recent deposits, greater evidences of vitality, or more perfect and beautiful organizations, so in the other we find greater perfection, and more perfectly organized truth in the recent formations. The Creator of the world seems to have improved, in successive ages, in the development from lower to higher types of organization, as traced in the fossil remains that are embalmed in the various strata of the earth. When one race lived its allotted period, it became extinct as a living order, to make room for another of a higher grade of existence. So the human mind in constructing the great mass, that we call medical science, has developed layer upon layer, strata upon strata—the last so completely covering up and hiding the first, that many are only known to have existed, by the *fossil remains* that are preserved by the antiquarian. At almost every period of the growth of medical science, the cotemporary philosophers in medicine seem to have allowed their minds to run into similar channels of thought and investigation, creating a strata of greater or less depth and solidity, characteristic of that particular age. And if we look back upon the past, we find abundant evidence of there having been a speculative era in medicine—an anatomical era, a chemical era; but, if we may be allowed to name our own age, it may be emphatically styled the *Physiological era.* We observe in this age, in every country where the science of medicine is cultivated, innumerable physiological investigators, as busily engaged as the coral insects in the depths of the ocean,

laying a broad and deep foundation, whereon to build a new and wonderful world of physiological science. And this is not all: the mysteries of vitality, (not the single and ever to be hidden mystery of life,) but the thousand mysteries that have ever clustered around the essential principle of vitality; are now being revealed, and when we open a book—the collected records of these revelations—we feel as though we were in the midst of an enchanted scene, and involuntarily exclaim, not in doubt, but in astonishment, "Can these things really be?"

Dr. Carpenter is well known as an original investigator, an excellent compiler, and a good deductionist from the facts discovered by others, and his works have long stood first as authority in Physiological science, and we need not look for a better, or more complete work on Comparative Physiology than the one here presented.

For sale by H. W. Derby.

A Manual of Pathological Anatomy. By C. Handfield Jones, M. B., F. R. S., Fellow of the Royal College of Physicians, Lecturer on Physiology, &c.; and Edward H. Sieveking, M. D., Fellow of the Royal College of Physicians, Lecturer on Materia Medica, &c., at St. Mary's Hospital.

The first American edition of the above work, revised, with three hundred and ninety-seven illustrations, is just issued from the press, and as a concise text book, containing, in a condensed form, a complete outline of what is known in the domain of Pathological Anatomy, it is perhaps the best work in the English language. Its great merit consists in its *completeness* and *brevity*, and in this respect it supplies a great desideratum in our literature. Heretofore the student of pathology was obliged to glean from a great number of monographs, and the field was so extensive that but few cultivated it with any degree of success. The authors of the present work have sought to correct this defect by placing before the reader a summary of ascertained facts, together with the opinions of the most eminent pathologists both of the Old and New World. As a simple work of reference, therefore, it is of great value to the student of Pathological Anatomy, and should be in every physician's library.

For sale by Moore, Wilstach & Keys.

Annual Reports of the Commissioners and Superintendent of the Indiana Hospital for Insane.

From this exhibit of the condition of this excellent Institution, we find it to be in a most prosperous state. Its financial affairs seem to be in a satisfactory condition. Seven hundred and thirty-nine patients have been treated therein the past six years, of which number, three hundred and seventy have been cured. Of the whole number of cures, two hundred were effected in the last two years. This increased success is attributed to the greater care exercised in the admission of patients,—the hopeless being excluded.

A New Plan of Treating ununited Fractures. By H. H. Smith, M. D.

The plan of treating ununited fractures suggested by Dr. Smith, if found on further trial to meet the expectations of surgeons, will certainly be a great improvement on all the older methods now in use. It consists in adapting to the limb in which the pseudo-arthroses occurs an artificial limb, so adjusted as to allow of free motion of the joints, and at the same time keep the fractured ends of the bone in apposition. He reports several cases both of the upper and lower limb, that have been successfully managed by this method. It is certainly worth a trial, before resorting to any of the operations now recommended in our surgical works.

Essay on a New Method of Treating Serpent Bite and other Poisoned Wounds. By Samuel Brainard, M. D.

We are indebted to Prof. Brainard for his essay on the treatment of poisoned wounds, done up elegantly in pamphlet form, with illustrations. We cannot give a stronger evidence of our appreciation of this essay, than by stating, that it was copied entire (except the illustrations) on the pages of the November number of the Lancet.

Elkoplasty, or Anaplasty applied to the Treatment of Old Ulcers. By Frank. Hamilton, A. M., M. D.

The operation that Dr. Hamilton calls elkoplasty, on which he has written a pamphlet of fourteen pages, consists in turning into an old ulcer a portion of healthy skin, and healing it in, as in ordinary plastic operations.

The Unity of Mankind. An Introductory Lecture delivered before the Class of the Medical Department of St. Louis University. By M. L. LINTON, M. D.

Dr. Linton says that he believes "in the old and universal doctrine, that all mankind have descended from one pair, as related in our earliest history." His discourse, throughout, is learned, eloquent, and instructive, and we would be pleased to have more space for its analysis.

Report of the Select Committee of the Senate of the United States on the Sickness and Mortality on board Emigrant Ships. Washington: August 2d, 1854.

This is a Public Document, published by order of the United States Senate; and we suppose the work is distributed by Members of Congress through the Post Office, as is the case with other public documents. This is an able and valuable report on the laws of different countries regulating the conveyance of emigrants across the ocean, and on the evasions, abuses, and *diseases*, incident to this department of ocean navigation. As many of our subscribers may desire to have copies, we have no doubt they may be obtained by addressing a line to the member of Congress from their respective districts, or to any member, or the chairman of the committee that made the report. Hon. Hamilton Fish was chairman of the committee.

Elements of Chemistry. For the Use of Colleges, Academies and Schools. By M. V. REGNAULT. Illustrated by nearly seven hundred wood cuts. Translated from the French, by F. FORREST BETTON, M. D., M. A., N. S.; Fellow of the College of Physicians of Philadelphia, etc. And Edited with Notes, by JAMES C. BOOTH, Melter and Refiner U. S. Mint; and WILLIAM S. FABER, Metallurgist and Mining Engineer. Second edition. To which is appended a Comparative Table of French and English Weights and Measures. In two volumes. Philadelphia: CLARK & HESSER. 1853.

In the December number of the Lancet, we gave place to a notice, written by Prof. J. A. WARDER, of this excellent work, but as we find it such a valuable addition to our library, we again call the attention of our readers to it.

This work is substantially bound in calf, in two volumes, containing in all nearly fifteen hundred pages 8vo. The style in which it is written is clear, and peculiarly adapted to the science of which it treats. The seven hundred engravings, that are profusely thrown into every subject that is susceptible of illustration, are, beyond comparison, the finest of any we have met with, in the numerous works extant, on the subject of chemistry.

As an elementary work, this is perhaps the fullest and most complete in all the departments of chemistry, of any now offered for sale in the West. It leads the student from the rudiments of the science, through all the intricate windings of inorganic and organic chemistry, up to the application of the various chemical agents and principles to useful purposes in science and art. It is a superior work to place in the hands of the student of medical chemistry. It contains all that may be desired by the amateur Chemist, and it is an invaluable work for the Mechanic, the Manufacturer, the Artist, or Agriculturist, the Miner, or Metallurgist, or in any pursuit in life where a knowledge of chemistry can be made practically useful.

For sale by TRUMAN & SPOFFORD.

Progress of Medicine.

ENGLAND.

Three Lectures on the Spinal System and its Disease. BY MARSHALL HALL, M. D.

LECTURE I.

GENTLEMEN,—I have accepted, with much satisfaction, the invitation of your able teachers, to expound to you the Anatomy, Physiology, and Pathology of the Spinal System. In doing this, I shall avail myself of experiment and reference to clinical observation. I wish to demonstrate to you the immediate and intimate connexion between physiology and practice. You may indeed regard these lectures as a specimen of a work which I am preparing for the press, designed especially for the medical student, to be entitled "PHYSIOLOGY *in the Laboratory and the Clinical Ward.*"

I propose, in that work, to effect the separation of mere empiricism from medicine for ever.

Physiology was divided, by the illustrious Bichat, into two systems, or sub-systems,—*the animal, and the vegetative.*

The nervous system has, in a correlative manner, been divided into *the cerebro-spinal and the ganglionic.*

Both these divisions are defective. There is a *third* sub-division of the nervous system, hitherto undetected, which forms an essential link with the other two, and which I have designated the *Spinal.*

Observe this frog. You are all familiar with its natural movements. I divide what was termed the cerebro-spinal system just below the occiput.

I stop for a moment to call your attention to a most interesting phenomenon. I seize one of the toes of a posterior extremity between my thumb and finger, making a little gentle pressure and movement. No effect is produced. In a minute or less, you will see how different the result will be. The animal is in the state of *shock;* just such a shock as we observe in practice, as the effect of a violent fall from scaffolding, or a crushing accident from machinery. I repeated the experiment. You now see the manifestation of returning power in energetic movements.

This experiment, repeated with care, would afford the means of investigating the phenomena of shock, and of a principle of practice. For example; after a violent comminuted fracture, is it better to amputate immediately or after the lapse of a certain interval of time?

I again call your attention to my experiment. Observe how energetic the movements of the frog now are on exciting the skin of the foot; how similar, too, to ordinary voluntary motions! Who would not be beguiled into the conclusion that in this animal sensation and volition still exist?

Nevertheless, if my experiment has accurately divided the cerebrum and cerebellum from the medulla oblongata, and if I induce quiet in the animal by gently controlling its movements, it will never move spontaneously more! Nay, though I place it in a position which, if sensibility remained, *would be* the most painful, yet, quiet once induced, and *all* external excitation avoided, it will never move again. It might be left in such a position, and if so protected from excitement, it will be found the next day in the same position still.

But again I rub the toe between my thumb and finger, and again it moves; it jumps, and it crawls; the latter movement consisting, in fact, in a series of movements induced by the renewed contact of points of the cutaneous surface with the surface of the table.

What is the *rationale,* what the relations, of these singular phenomena?

Gentlemen, nearly a quarter of a century ago I was engaged in the investigation of the circulation of the blood in the batrachian reptiles; I had been examining the pneumonic circulation in the *triton;* the animal lay on the table; I removed the head and the

tail. On touching the latter by the point of a probe, it coiled up! I asked myself the questions which I have just proposed to you. From this simple fact and observation have resulted the discovery; the elaboration, and the application of the SPINAL SYSTEM—that system which, as I have said, I am about to expound you in these lectures.

I again recur to my question—What is the *rationale*, what the relation to *life*, to anatomy and to physiology, of this phenomenon? I have removed the cerebrum and cerebellum; it does not therefore depend upon these. But I proceed further; I now remove the whole of the internal viscera, and, with them, the whole of the ganglionic system. Still the movements continue as lively as ever!

Observe this physiological preparation well. There is not in the Hunterean Museum a preparation more replete with the deepest interest. It is the demonstration that when the centre of the cerebral system and when the entire ganglionic system are removed, there still remains a *third* system, independent of each and of both, *sui generis*, autocratic!

Place this specimen of the decapitated, eviscerated frog in your museum—the demonstration of the distinct and independent spinal system—in memory of this day!

Do not be disconcerted that I show you these things in so humble a creature. *All* physiology exists in the caterpillar or the butterfly, if we could only detect it. The least of God's works is infinite.

I began by stating to you that hitherto anatomists and physiologists had divided the nervous system into the cerebro-spinal and the ganglionic. I have analysed these, and I have demonstrated to you, that in the midst of these two there is a *third* system. As the chemist detects, in a mineral hitherto regarded as consisting of certain elements—say silver and gold—a new element, platinum, so I, in the midst of the cerebro-spinal and ganglionic nervous systems, have detected a new element—the *spinal;* and of how great moment this is I must proceed, without further delay, to unfold to you.

I revert once more to this interesting preparation: the cerebral centres and the ganglionic system are removed; what remains? what is its anatomy, its principle of action, its physiology, its pathology, its therapeutics? what its relation to *life* and *death!*—questions of the deepest interest.

In the first place, observe me now destroy, in this decapitated, eviscerated frog, by means of this needle, the spinal marrow. Now all is still! I irritate the toe in vain. I wait in vain for recovery from shock. All the interesting phenomena formerly manifested are extinct! They depend, then, on the spinal marrow, *their* spinal centre!

In the next place, I take this preparation, which is similar to the former one—viz. without cerebral, without ganglionic systems, and I denude the lumbar nerves. The excited movements in both lower extremities are, as you see, perfect. I divide this *right* lumbar nerve; the excited movements in the *right* leg, and in that leg only, are extinct!

The excited reflex movements depend, then, not only on the spinal *centre*, but on the nerves connected with that centre.

You observe the phenomena still perfect in the *left* leg; I remove the skin from the foot; the excited movements are again extinct. They depend, then, in this instance, on the integrity of the integuments of the part to which the excitation is applied. In these integuments, in fact, resides the *origin* of those nerves on which these excited reflex actions depend.

But now, gentlemen, I must beg your best attention whilst I explain more particularly the nature and forms of that nervous structure which constitutes the spinal system.

If I either strip off the skin, or destroy the spinal marrow, or divide the lumbar nerve, the phenomena cease. They depend, then, on the *origin* and on the *course* of certain nerves, and on their spinal *centre*.

But a little more minutely: If I remove the origin of this structure, by removing the integument; or if, within the spinal canal, I divide the *posterior* root of the spinal nerves; or if I destroy the spinal marrow itself; or, if I divide the *anterior* roots of the spinal nerves; or, if I divide the nerves in any part of their course *to* or *from* the spinal marrow, I annihilate all reflex phenomena.

Here then is a new *Demonstration:* all reflex actions depend on an *in-going* nerve, with its *origin* in the tissue excited; on the spinal centre; and on an *out-going* nerve, with its *termination* in the muscles. These constitute a *nervous Arc*, consisting of parts *essentially* linked together; *a new kind of Anatomy*, established and demonstrated for the first time.

Each *special* excited, reflex, or diastaltic action (so I have designated it, because it is excited *through* the spinal centre), has its *special* diastaltic nervous Arc. Of these *Arcs* there is an extensive *series* in the animal economy. Together with their continuous *centres*, they constitute the spinal system of connected eisodic (or in-going) and exodic (or out-going) nerves.

Gentlemen, no facts in chemistry or physics are more demonstrable than these; none more valuable in their relations respectively; whether we contemplate life, disease, or death, the spinal system becomes now our constant guide.

Let us now, gentlemen, consider what we have within the spinal theca. The sensations of the hands, feet, &c., imply an uninterrupted connexion between those parts and the cerebrum, upwards. The acts of volition of the hands, feet, &c., imply a similar unin-

terrupted connexion downwards. There are then, *two nervous* conductors, whether distinct fibres, or whatever they may be, along the spinal marrow, which, in this sense only, may be viewed as a *spinal Chord of nerves*, of sensation, and of volition.

But when the cerebrum is removed, when all sensation and volition are extinct, if we excite the skin of the lower extremity in the frog, the anterior extremity is moved, and *vice versa;* phenomena which cease either on removing the spinal marrow, or dividing the lumbar nerves. How then are we to view these structures?

The lumbar nerves convey sensation and the mandates of volition to and from the cerebral centre, when that remains; they convey the eisodic excitor influence, and the exodic exciting influence, when that centre is removed. The spinal centre is the general key-stone to the diastaltic arcs.

As certainly as the lumbar nerves in the frog convey sensation and volition, so certainly do they convey these other two influences. If Sir Charles Bell has proved that such nerves are *double*, I have proved them to be *quadruple.*

The posterior roots of the intra-spinal nerves are not only sentient, but eisodic excito-motor; their anterior roots are not only conveyers of the influence of volition,, but of exodic excito-motor. There is precisely the *same kind* of proof of one of these functions, as of the other. The spinal marrow; the lumbar nerve in the frog; the sciatic in the human subject; are each and all *quadruple* in their mode of action; I do not say in their structure.

There is an additional fact or series of facts: the spinal marrow is the conductor of the influence of emotion, and that of undue acidity in the stomach, when these affect, the first directly, the second in a reflected manner, the action of the heart—a subject requiring new and careful investigation.

Enough has been said, then, gentlemen, to convince you that the spinal marrow is no mere chord of nerves. Enough has been said to show you that it is intimately connected with the ganglionic system. And especially, enough has been shown to prove to you that is the great centre of a series of actions in the animal economy.

You will be still more impressed with the importance of the spinal system, when I tell you that, besides the phenomena which I have brought before you, it is the nervous centre and agent in *All the Functions of Ingestion and of Egestion* in the animal economy, in *the entire Class of Convulsive Diseases* in pathology, in the action of a certain *Class of Remedies*, and in the whole of that department of medicine denominated *Obstetrics!*

Having made these observations, which relate principally to the *Anatomy* of the spinal system, I must now call your attention to its *Principle of Action.* This I have proved, by a series of the clearest experiments, to be the *vis nervosa* of Haller. But this celebrated

physiologist, Bichat, and Professor J. Muller, all laid it down as a *Law*, that this power acts in the direction *downwards* only. As long as this idea prevailed, it is obvious that it *could* have no application to *physiology*. For how could the spinal marrow or an exodic nerve be irritated physiologically? Its application was accordingly limited to pathology.

But by a series of experiments on the turtle, I proved that the *vis nervosa* may act *upwards* and *inwards* as well as *outwards* and *downwards*, and then its application to physiology became evident.

If you remove the head and viscera in the turtle, and excite an eisodic nerve between the upper and lower part of the animal, *all* the extremities are moved. The influence of the *vis nervosa* has been *inwards*, and *upwards*, and in all other directions, and not *downwards* only.

It now became easy to explain the various acts of ingestion, retention, egestion, and exclusion, depending, as they all do, on an eisodic excitement.

I may now, before entering on the topic, give you a general idea of the Nervous System as we now view it.

The cerebrum, the cerebellum, and, in a certain sense, the medulla oblongata, may be regarded as the centre of the Cerebral System, of the nerves of special sense, and of volition, of intellect and of the passions, of pleasure and of pain. By its means we are placed in relation to all that is *external, psychically*. By its means we perceive, by its means we seize and use, external objects.

There is good reason to believe that intellect is seated high, the emotions lower, and the faculty of pleasure and of pain lower still, in their general cerebral centre.

Below the centre of the cerebral system is that of the spinal system, and its analogue in the articulata, &c, The spinal centre includes the medulla oblongata and medulla spinalis. It may be divided into—

1. The Medulla Oblongata, the spinal centre principally of the acts of ingestion and of egestion, by which the preservation of the individual is effected, and especially those of deglutition, respiration; &c. With this centre, the pneumogastric, the diaphragmatic, &c., of such momentous importance in these acts, are essentially linked;

2. The Brachial Enlargement;

3. The Femoral Enlargement; and

4. What, I think, may be designated the *Lower* Medulla Oblongata, the analogue with its nerves of the organs of generation, of the upper with its pneumogastric; and the spinal centre in the acts for the perpetuation of the species.

In each of the acts of ingestion and egestion to which I have alluded, there is the essential agency of a dastaltic spinal arc.

The pharynx and larynx are excited by eisodic and exodic branches of the pneumogastric; the pneumogastric is the internal excitor of inspiration, acting through the spinal centre and the diaphragmatic and intercostals.

Similar diasstaltic nervous arcs constitute the nervous media through which emission, conception, parturition, &c., are effected. In all these are nervous *origins* in exciting surfaces, an eisodic nerve, the spinal centre, an exodic nerve, and muscular terminations. The *law of action*, the mode of action, the channel of action, are in all identical or similar. All have the same object or objects—ingestion, retention, egestion, exclusion.

Can anything be more simple and scientifically beautiful?

All these acts are *physical*. As the cerebral acts depend on the immortal soul, these depend on the *vis nervosa;* as those relate to external objects psychically—viz., to objects *without*, these relate to them physically, acting *from without to within, and from within to without.*

The spinal centre, with its nervous arcs, and the muscles in which these terminate, are the dynamic agents which accomplish that "*tourbillon*" so eloquently described by Cuvier.

The ganglionic system relates to all that is *within*, governing the *peristaltic* actions, assimilation, the secretions, the excretions, &c.

But of these functions I must treat as cursorily as I have done of the cerebral system.

They are greatly under the influence of emotion, and of sympathetic or synergic action through the spinal centre. We have only to observe the effect of derangement of the stomach, or of eroded viscera, on the action of the heart, the skin, &c., in connexion with experiment, to arrive at this conclusion.

The experiments to which I allude are the following:—Let the head be removed in a frog, the spinal marrow remaining, and the circulation be ready to fail: if we now crush the stomach or a limb with a hammer, the action of the heart ceases. Let the conditions be the same in another frog, with the addition that the spinal marrow is also removed: in this case, no influence is perceived, on crushing a limb or the stomach, on the action of the heart. Now, the difference is the presence or absence of the spinal centre. This experiment, however, requires careful repetition.

Now, gentlemen, I think I may hope that you have a sound knowledge of the spinal system, as far as it extends; for it is founded on experiments which your own eyes have seen, and which I think you will not forget.

As in the present lecture I have brought before you the Anatomy and Physiology of that system, I propose, to-morrow, to treat of its Pathology.

You will, if I am not mistaken, find your knowledge of the spinal

system the key to the diagnosis of the disease of the nervous system It is to these, in some degree, what the *Stethoscope* is to diseases of the heart and lung, the administration of a new kind of knowledge being as that of a new mode of observation; and if to know the disease is *not* half the cure, it *is* the whole of the treatment.

To-morrow evening, then, I propose to discuss the subject of *the Diseases of the Spinal System.* (To be Continued.)

Delirium Tremens Treated without Opium.

E. L. Dixon, M. R. C. S. states, in the London Lancet, that he has been in the habit, for several years, of treating delirium tremens without the use of opium; and his success he thinks is fully equal to that obtained by the old method and more safe. His plan is to simply put his patient on a "supporting diet of an unstimulating nature."

He supports his practice by some cases, and finished his communication by the following remarks:

To conclude, I consider that the chief indication in the treatment of delirium tremens is, to support the patient by plain and nutritious unstimulating food, until the brain has been restored to its normal state ef nutrition, and the natural eliminative powers have removed from the system the poison producing the disorder. And such is the confidence I have in the treatment without opium, that I may say I consider those cases treated successfully with it get better in spite of it, and not by its assistance.

Preston, November, 1854.

FRANCE.

Diabetes Mellitis,—Tonic and Astringent Treatment.—Curi—By M. Soubie, Clinique des Departments.

The following is a case of diabetes mellitus, cured at first by the use of tonic remedies, and subsequently on relapse; by the Vichy waters:—

M. X., aged 50, consulted the author in the month of August, 1853. He had lived well, but never in excess; was of active habits and perspired freely after exercise. For some years the perspiration had been gradually diminishing, and it ultimately disappeared, when the patient became affected with two great wants, namely, that of drinking and that of making water. The latter caused him to empty the bladder at least twenty times in the day, and even at night the same desire tormented him. He calculated the amount of

urine voided daily at four quarts, and had remarked that he was rapidly losing flesh. The urine had a sweet taste. M. Soubie sent a specimen to an experienced chemist, who easily discovered the presence of grape sugar.

The patient thus expressed himself, in speaking of his complaint:—"It is impossible for me to tell you how many years I have felt the desire to make water so frequently; but I remember, that four years ago, being present at a marriage, which compelled me to sleep away from home, I remarked that the chamber utensil seemed to me too small, and I was obliged, during the course of the night, to use another vessel." He had never suffered from gastritis; had never lost his appetite; never experienced pains in the lumbar region. He was directed to take daily a quart of decoction of gentian, columbo, and catechu; eight grains of iodurut of iron in the form of pills, and to wear flannel next the skin. In twelve days there was no appearance of sugar in the urine. This latter fact was confirmed by M. Mabit, of Bordeaux, who, naturally doubting the possibility of so rapid a cure, questioned the fact of the case being one of diabetes at all. The medicines were, therefore, suspended, but in eight days the disease returned as badly as before. The patient was unable to take the decoction before mentioned, as it caused a desire to vomit; consequently, the purely alkaline Vichy waters were prescribed for some months; then the alkaline and feruginnous waters from the springs of Lardy. For eight months M. X. has continued in a satisfactory state. He is not tormented with that desire to make water; the urine, to proper proportion to the amount of fluid swallowed, contains no sugar; and the patient's strength has returned." In this case we must notice the intermittence of the malady,—a fact first noticed last year by M. Bouchat. It is known that this affection may disappear and recur at longer or shorter intervals. The attentive study of diabetes has put this fact beyond doubt, and has contradicted the chemical theories of MM. Mialhe and Bouchardat. It shows that which M. A. Bernard has experimentally established,—that it is necessary to place diabetes among the affections of the nervous system. The disappearance of the malady under the influence of tonics and ioduret of iron is very remarkable; and the removal of the sugar, on relapse, by the use of the Vichy water, would seem to justify the author's inference, that the proper treatment in this case was tonic regimen and ferruginous preparations.—*Gazette des Hopitaux.*

Experiments upon a Decapitated Criminal, followed by Comparative Experiments upon Animals.—By A. Nuhr, of Heidelberg.

These experiments referred especially to the functions of the nerves of the head. The author endeavored first to determine the

influence of the facial nerve upon the movements of the soft palate, and to ascertain whether it is by the intervention of the N. petrosus superficialis that the irritation of the facial nerve is transmitted to the soft palate. He saw this part contract when he irritated the facial nerve at its point of emergence from the cranium, while the contraction did not take place after he had cut the petrosal nerve.

A more interesting experiment is that relative to the action of the common oculo-motor nerve on the movements of the iris. The conducting wires having been applied to this nerve, the pupil was seen *to dilate*, and not to contract, as was expected. The experiment succeeded several times.

Upon animals, the author found that irritations of the nerve re-acted immediately on the muscles of the eye, and produced instantaneous contraction of the pupil; but five minutes later, the irritation of the nerve having ceased to be conveyed to the muscles, the pupil dilated instead of becoming contracted. The author thinks, that this dilatation is due, not to the oculo-motor nerve, but to the great sympathetic. He found the same effects ensue by applying the conducting wires to the nerves round the internal carotid artery. He concludes that the oculo-motor nerve *contracts* the pupil, the great sympathetic dilates it.—*Op. Cit.*

UNITED STATES.

Dr. Willard Parker relates, in the New York Medical Times, an interesting case of *Strangulated Femoral Hernia*, in a female, on which he operated, and found in the sack, in addition to a portion of intestine, an ovary, and the fimebriated extremity of the fallopian tube. The patient recovered.

Chloride of Sodium—Table Salt.

Common table salt has been more or less used, for many years, as a domestic remedy for worms; but not till lately has much importance been attached to its medical virtues any way; and especially as an antiperiodic. Upon the recommendation of an eminent practitioner, we resolved on trying it in chills and fever, and we are fully warranted in saying that in all cases, especially of long standing, where the Quinine will not effect a permanent cure, it will prove a most acceptable and effective remedy.—It should be given in the dose of a teaspoonful four or five times a day, dividing the intervals equally.

The most to whom we have prescribed, prefer it to the Quinine. Its cheapness at once places it within the reach of all, which is not the case with the Quinine. And besides, it is free from any disagreeable effects upon the brain.—Quite a desideratum in many cases. J. D.

Case of Circumscribed Abscess in Bone. By P. C. Bleek, M. D., of King's County Hospital, N. Y.

The surgeon who first described a case of small circumscribed abscess in bone, and drew the attention of the profession to that very painful and important disease, was Sir Benjamin Brodie,* a discovery which reflects the greatest credit on the sagacity of that celebrated man; for, since he first discovered and described this complaint, and suggested the proper treatment for it, a great many limbs have been preserved and made useful again, that otherwise would have been amputated,—each one saved being another proof, that he is a greater surgeon, who shows how to save a limb, than he who can amputate it in half a minute or less.

Sir B. Brodie was first led to his discovery by examining a leg which he had removed from a young man, and finding that a small abscess in the lower parts of the tibia had been the cause of all the patient's suffering; from that time he always trephined in cases where from the symptoms he suspected abscess in the bone, and his operations were always followed by the best results. Other English surgeons, following his example, found the operation equally successful.

Stanley, in his *Treatise on Diseases of the Bones*, gives a full account of this disease. Some German writers† also describe it in their manuels on Surgery, although we do not know that any German surgeon has published a case of the kind as having occurred to himself. The following, it is believed, is the first case of which we have any account in this country.

The patient, John Ryan, aged 32 years, was admitted to the King's County Hospital, from Williamsburg, Dec. 22d, 1853. He complained of an excruciating pain, which had troubled him incessantly for six weeks, in the middle of the left tibia.

He gave the following history of his complaint. When nine years old he met with an accident, which caused compound fracture of the left leg, and was confined to his bed in consequence for two years, during which time several pieces of bone, from half an inch to 1½ in length, exfoliated. Not until six years after the accident was the leg completely healed up, and after that time it did not trouble him, with the exception of the scars on the skin inflaming and ulcerating. These sores, however, always healed up quickly, when properly attended to. The bone itself had remained quite strong.

Six weeks before his admission to the hospital, he suddenly felt a severe pain in the diseased leg. This pain increased, and became so severe that his appetite left him and he could not sleep. When he came to the hospital, he had made up his mind to have the leg

Lectures on Pathology and Surgery. By Sir B. Brodie. 1846.

†Bardeleben's *Translation of Vidal's Surgery*, vol. ii., p. 531. Werneher's *Surgery*, vol. i., sect. 2, p. 863.

taken off, rather than suffer the pain any longer. The man was apparently strong and healthy, but his face was pale, and showed by its expressions that he was a great sufferer. The organs of respiration and digestion were quite healthy; tongue clean, bowels regular, pulse frequent. The skin covering the anterior part of the middle third of the left tibia was changed into cicatrized tissue, and was of a rose color. A portion in the center of this had a shining and uneven appearance. The size of the tibia in the part corresponding to the cicatrized tissue was enlarged, resembling the callous thrown out around a fractured or necrosed bone. Just in the center of this enlarged part of the tibia, corresponding with the above-mentioned swollen and uneven portion of the cicatrix, was the seat of that excruciating pain of which the patient complained.

Dr. Turner, who first examined the patient on his arrival at the hospital, diagnosed an abscess in the tibia, and placed the patient under my care. My opinion agreed with his, with the exception that I supposed necrosed bone inside the tibia might be the cause of the trouble. We agreed, however, that the tibia should be trephined on the spot where matter was suspected.

The operation was performed Dec. 27th, the patient at the time being under chloroform. Two, incisions, crossing each other, were made over the seat of pain. Then, after having dissected from the bone the four flaps, thus formed, I applied a trephine, about half an inch in diameter. On withdrawing the trephine, in order to see if it had penetrated deep enough, about a teaspoonful of laudable pus escaped through the hole made by the pyramid.

After having trephined a little deeper, the cavity in the bone was reached, and the trephined portion was easily removed. Only very little pus had remained inside, and no necrosed bone was found. The piece of bone removed by the trephine had, on its inner surface, an excavation about half an inch in its longest diameter, the greatest depth of which was penetrated by the pyramid. The cavity was then filled with lint, the patient placed in bed, and an anodyne ordered.

Dec. 28th.—The patient complains of much soreness in the wound, but the severe throbbing pain has entirely left him since the operation; warm-water dressings applied to the wound.

Dec. 30th.—He says that he feels first rate; scarcely any pain; has slept well; appetite is very good. The wound in the bone begins to suppurate and granulate.

A fortnight after the operation, he left the hospital, feeling quite able to work at his trade, and being very anxious to support his family. The wound in the bone at this time was filled with good and healthy granulations; only the upper margin of the bone was not covered by them. The cut in the skin had commenced to cicatrize from the corners, the four flaps having retracted almost entirely.

Two weeks afterwards the patient presented himself at the hospital. He said, a few days after he left the hospital, several small splinters of bone had come away from the upper margin of the wound in the bone. Since then this part had been covered completely by granulations. The wound is cicatrizing rapidly now. He is able to walk without the least trouble. He had no pain whatever; sleeps and eats well, and is very thankful for his recovery.

About nine months afterwards I saw him again. His leg had remained strong and free from pain ever since the operation. The wound had soon healed up, and the cavity in the bone was filled with bony substance. Only a slight depression showed the spot where the trephine had penetrated the bone.

A Novelty in Practice—Radical Cure of Ascites by the Introduction of Air into the Peritoneal Cavity. (From American Medical Monthly.)

Mrs. —— was the subject of a premature labor, which was followed by peritonitis, succeeded by general dropsy. The lower extremities became œdematous, fluid collected rapidly in the abdominal cavity, and there was evident effusion in the lower lobes of both lungs. The case was complicated by much enlargement and induration of the liver and displacement of the heart. The patient was subjected to a severe course of therapeutic treatment, which had the effect of relieving the lungs; but the accumulation in the abdomen was so great as to render necessary its evacuation by operation; this was repeated seven times within thirteen weeks, the quantity of fluid withdrawn varying from twenty-four to sixteen pints, at each operation. Dr. Henry A. Hartt, of this city, under whose care the patient was treated, determined to effect, if possible, the arrest of the secretion by other means than the administration of medicine, having tried numerous remedies with unsatisfactory results. Accordingly, after the last operation he inserted a curved canula, about an inch and a half long, in the puncture made by the trochar, which was retained *in situ* by an elastic band. This canula was worn for three days, when it was withdrawn; and subsequently, for five weeks successively, he introduced every day, an ordinary female catheter for an inch and a half, permitting free access of air to the cavity. These proceedings produced inflammatory action of a subacute character, which readily yielded to mild treatment.

There has been no accumulation of fluid since the introduction of the canula, sixteen weeks ago, nor has there been any unpleasant constitutional disturbance; on the contrary, the patient has been relieved from the dyspnœa and other attendant symptoms of the dropsy, and her general health seems to be much improved. There

was some thickening of the adominal walls, in the lower portion of which an abscess formed; this was opened, discharged freely, and is now healed. She is still under treatment for the hepatic disease.

Dr. Hartt intends to publish a detailed account of the case. It possesses much interest, from the success of the experiment to arrest the ascites upon the principle of the radical cure in hydrocele. It was a bold attempt, and would seem to justify the parallel practice recommended and adopted by Dr. Bowditch in the case of the pleural cavity, and the ovarian cyst by Dr. Simpson, of Edinburgh.

Remarks on Gum Mezquite—A Variety of Gum discovered by Dr. George G. Shumard, in Northern Texas. By William Proctor.

For several months past occasional notices have appeared in the newspapers of a species of gum discovered in upper Texas and New Mexico by Dr. Shumard, one of Capt. Marcy's expedition to the Indian country, sent by Government. The following letter from Dr. Shumard, accompanying a package of the gum, will throw some light on the subject:

Fort Smith, Arkansas, Oct. 24, 1854.

Dear Sir:—Along with this I send you a sample of gum *mezquite*, discovered by myself while upon our late exploration to the head waters of the Big Wachita and Brazos Rivers.

The mezquite tree, from which it was obtained, is by far the most abundant tree of the plains, and covers thousands of miles of surface. From them the gum exudes spontaneously in a semi-fluid state, and hardens in a few hours, forming more or less rounded lumps of various shades of color, and weighing each from a few grains to several ounces. These soon bleach and whiten by exposure to the light of the sun, finally becoming semi-transparent, and often filled with minute fissures.

The quantity yielded by each tree varies from an ounce to three pounds, but incisions made in the bark not only greatly facilitates its exudation, but causes the tree to yield a much greater amount. The gum may be collected during the months of July, August and September, but the most favorable period for that purpose is in the latter part of August, when it may be obtained in the greatest abundance and with but little trouble. By proper care and attention, I am of the opinion that a sufficient quantity may be annually obtained not only to supply the home market, but to admit of a large surplus for exportation. I have employed the gum medicinally in several instances, and find it answers the purpose of the best gum acacia; with water it forms a beautiful mucilage, while for a proof of its great tenacity I will refer you to this package with which it is sealed. I would be pleased to hear from you upon this subject.

Respectfully yours, Geo. G, Shumard, M. D.

Surgeon and Geologist to Capt. R. B. Marcy's Expedition to Brazos and Wachita Rivers.

To Charles Ellis, President of the Philada. College of Pharmacy.

Dr. Shumard, in a letter to Hon. Thos. S. D. Drew, of the Indian Agency, uses the following language, viz:

"SIR:—I cheerfully comply with your request to furnish, for the use of the Indian Department, a short description of the gum mezquite, discovered during our recent expedition to the head waters of the Big Wachita and Brazos rivers.

"This gum, for which I propose the name of gum *mezquite*, is believed to occur in inexhaustible quantities, and will no doubt prove a source of revenue to the State of Texas, New Mexico and the adjacent Indian territory, besides affording employment to the different tribes of Indians now roving upon the plains, many of whom would no doubt be glad to gather and deliver it to the different frontier posts for a very small compensation."

The specimen of gum sent to Mr. Ellis consists of tears of various sizes, and degrees of purity, from colorless to dark amber color. The pieces are much fissured, like the true gum acacia, and even the darkest pieces, when broken, soon exhibit the tendency to crack into fragments. Many of the pieces have particles of bark attached to them. The sp. gravity of the solid lumps is 1.311, which is about the same as that of gum arabic. Put in contact with water the gum dissolves as completely as the purest gum arabic, without any tendency to swell like cherry gum or tragacanth; and this is true of the dark colored pieces as well as the light, the mucilage being perfectly transparent. The solution has a slightly acid reaction; alcohol precipitates it in white flocks like arabin; neither neutral or basic acetate of lead alone precipitates it, but on the addition of ammonia after the neutral acetate, a bulky gelatinous precipitate is thrown down. This does not occur when the ammonia is added after the subacetate. When the gum is boiled with an alkaline solution of oxide of copper, no reduction occurs indicative of glucose. When powdered borax is added to its solution no coagulation occurs, as with arabin, nor does tersulphate of iron occasion any precipitate. Oxalate of ammonia instantly causes a white cloud in the transparent solution; iodine occasions no change. Concentrated sulphuric acid dissolves it, and when heated chars it.

When heated in nitric acid till effervescence ceases, it affords mucic and oxalic acids, like ordinary gum; exposed to a red heat it swells up, burns, and leaves a bulky greyish-white ash, amounting to 2·1 per cent. of the gum heated. This ash consists of soluble potash salts, (carbonate, sulphate, and chloride) and insoluble lime salts.

From the above results it is evident that gum *mezquite* is not identical with true gum arabic. Its solubility is quite equal to that gum, and is greater than several varieties, which is an important feature in the American product. The mucilage it yields is like the syrupy mucilage of dextrine, and has similar adhesive properties. In its reactions with nitric and sulphuric acids, with alcohol,

and with oxalate of ammonia, it resembles arabin, but in reference to basic acetate of lead, borax, and the sulphate of iron, it is entirely different from arabin or any of the gums described that I am acquainted with.

It is to be regretted that Dr. Shumard has made no allusion to the botanieal origin of this gum, a point on which he must certainly have informed himself. There are several species of acacia indigenous to that region, and botanists here believe it is probably attributable to one or more of these. Its abundance and easiness of collection, if corroborated in practice, may prove important hereafter, as an addition to our internal national resources, yet the quality of the gum, as regards freedom from extraneous matter, and color, will have to greatly improve before it will compete with the foreign gum as a medicinal agent. It remains to be seen what effect greater care in collecting and garbling, and in subsequent bleaching, will have in its improvement.

Since the above was in print, my friend, E. Durand, informs me that the Mezquite tree of Dr. Shumard, is probably either the Strumbo carpa pubescens or screw pod mimosa, (Gray,) or the Algarobia glandulosa. The former is a small tree, ffom 6 to 12 feet in height; the latter 20 to 30 feet, and described as being abundant on the plains of Western Texas. They both belong to the Acacia family, and are armed with prickles. Dr. Gray gives no hint in reference to their gum-bearing quality, which may be due to the botanical collections being made at a season earlier than that stated by Dr. Shumard, as favorable to the exudation of the gum. (See Plantæ Wrightianæ, No. 1, Smithson. Contrib. 1852.)

At page 268 of Redwood's Grey's Supplement, the following statement occurs, which shows that Dr. Shumard is not the original discoverer of this gum, nor of its use instead of gum arabic.

"Prosopis dulcis (Kunth,). Mexico. Yields a gum, *mezquitina goma mezquitina*, which is used instead of gum arabic."

Now Dr. Grey refers to Prosopis dulcis, in his account of Algarobia glandulosa, and thinks they are not synonymous; yet as some doubts seem to exist, the difference between Kunth's Prosopis and the Algarobia may be due to accidental causes, as it is well known that plants are modified by growth in high land and along water courses. At all events, in the absence of any clue to the name of the plant from Dr. Shumard, we are justified in referring it to Algarobia glandulosa or Prosopis dulcis.

Editorial.

The trial of "Dr. Blanck" for mal-practice, has several features, some of which are intensely interesting to the profession, others that present valuable points for contemplation by the ignorant pretenders of quackdom, and again, some features that are strongly suggestive to the public, of a law to preserve the lives of the credulous, against the too often fatal prescriptions of unprincipled and unscrupulous charlatans. We are not among those who believe that the great evil of quackery, that is so prevalent in this community, can be lessened by rational argument, or open warfare, by the profession; for we have always seen it grow and gain sympathy from the public wherever it could have a plausible pretext for the cry of persecution; but the plain and unvarnished report of a case like this of "Dr. Blanck," must carry conviction of fearful error to the minds of those who are incapable of reasoning on, or comparing the merits of an enlightened practice with that of the boasting pretender.

Our professional readers will find in this report, many valuable suggestions in reference to diagnosis and treatment of aneurisms, given in the testimony of the medical experts that were examined on the trial, and especially in that of our much respected friend, Prof. R. D. Mussey, whose experience in the management of this class of affections, is perhaps as great as that of any man in the United States. They will also find much of interest refering to the legal rights and responsibilities of the practitioner, set forth in a clear and condensed manner, in the arguments of the Prosecuting Attorney, and of the counsel for the defense.

The irregular practitioners will discover in this report, that if strict justice is meted out to them, and the laws properly enforced, that the "way of the transgressor is hard." And the community, —the unreflecting thousands,—may see how easily their numbers may be decimated by sacrifices at the unholy shrine of charlatanism.

It is a solemn and sorrowful fact, that in this enlightened city, few days in the year pass by without adding a victim to the multiform-monster of quackery; and yet the public, or even the friends of the deceased, seldom see or acknowledge the true cause of the

death; but the medical man who understand the tendencies of disease, and the nature and power of medicines, is often compelled to witness, with feelings of humiliation, sad scenes, that make him blush with shame at the ingnorance and reckless folly of his fellow men.

It appears that, "Dr. Blanck" is a graduate of the Hornbook School, so graphically delineated by Burns.

> "Just——in a kail-blade, and send it,
> As soon he smells it,
> Baith their disease, and what will mend it
> At once he tells it."

We are informed that he does an extensive business, chiefly among the credulous country people, who in some instances, come long distances to get his advice and medicine. It is said that in the warm summer season, the odor of urine becomes so rank about his premises, that the neighbors have threatened to have him indicted for creating a nuisance; but we will not vouch for the truth of the statement.

Preamble and Resolutions of the Montgomery County Medical Society, passed November, 1854.

[It will be remembered, that in the July number of the Lancet, appeared, what we supposed to be a *true* report of the proceedings of the Montgomery County Medical Society. We were assured by the Secretary of the Society, that it was such, and with that honest conviction it was admitted to our pages. We now give place to the following resolutions, in the hope that by so doing, we do justice, and give satisfaction to all parties concerned.—Ed.]

Whereas, the July number of the Western Lancet under the head of Transactions of the Montgomery County Medical Society, contains what is purported to have been a discussion of the meeting of said Society in May last; and *whereas*, the same was published without the knowledge or authority of this Society: Therefore, be it

Resolved, That in the sense of this Society we have to *regret* the purpose of the *representation* and publication of what we have read in the July number of the Western Lancet as transactions of the Montgomery County Medical Society.

Resolved, That the Editors be requested to publish the foregoing preamble and resolutions in the next number of that journal.

H. G. Carey, Sec'y. I. HAINES, Pres.

A New Stethescope.—The New York Medical Times gives a description of a new Stethescope, invented by Dr. Cammann, of that city, which seems to possess many advantages over any other now in use. It presents a bell-form objective extremity, and two aural tubes, so arranged with flexible joints and springs as to be easily adjusted to each external auditory meatus. The inventor claims for this instrument a superiority over that of Dr. Marsh, in its being less complicated—sustaining itself in the ear without requiring to be held by the hands—in the sounds being conducted to the ear through the air, and not through any media—and in the sounds being more distinct, and better defined.

Hydrocele.—It is announced in "Nelson's American Lancet," that the editor of that journal, (Horace Nelson, M. D., Member of the Medical Society of London; Professor of Surgery and Surgical Jurisprudence in the Medical Department of the University of Vermont; Fellow of the Pathological Society; late Lecturer on Anatomy and Physiology in the School of Medicine and Surgery, and on Descriptive and Surgical Anatomy in the St. Lawrence School of Medicine of Montreal, etc., etc.,) has actually performed, with the assistance of his friend, Dr. Dewey, the operation of *tapping a Hydrocele.* And, what is really astonishing, it was performed in such a "manner as to do away effectually with all danger of infiltration." The Professor promises us a report of the case as soon as his contributors allow him space in the Journal.

Gentlemen of Vermont! Do tighten your safety-valves this month, and don't let off so much steam, for we are anxious, out West, to hear how that operation was performed.

We have received from Blanchard & Lea, a Circular, containing a catalogue of the Medical, Surgical, and Scientific works, that have just issued from the press, at their extensive publishing house. Detailed Catalogues will be furnished on application to the publishers in Philadelphia.

By turning to our advertising sheet, it will be seen, that W. H. Van Buren, M. D., is editing a new "Manual of Operative Surgery and Surgical Anatomy." By M. M. Bernard and Huette. New York: H. Baillière, publisher.

Miscellany.

On the Nasal Irritations in the Treatment of Ozæna. By M. MAISONNEUVE, Hopital Cochin, Paris.

All physiologists are aware that, in the act of deglutition, the pharynx and soft palate close the communication of the fauces with the nasal fossæ, by a combined movement, so as to prevent the alimentary bolus from regurgitating into the nostrils; but no one, so far as I know, has yet mentioned the production of this same phenomenon under the influence of injections of liquids by the anterior nares, nor remarked that injections propelled violently into one nostril invariably escaped by the other, without penetrating into the throat.

This fact, to which I now desire to call the attention of surgeons, appears to me to be of considerable importance in the treatment of several serious diseases, and especially in ozæna.

Ozæna,* as every one knows, is an infirmity consisting in an excessive fœtidity of the nasal secretions, depending on the protracted sojourn of blood, pus, and mucosities, in the recesses of irregular cavities, where they are subjected to the triple action of air, heat and moisture.

At each expiration, the air which traverses these cavites, is charged with putrid emanations, and forms a loathsome atmosphere around the patient; so that the victims of this disease become objects of horror and aversion.

Hitherto our art has possessed only feeble resources against this appalling disorder. With the exception of syphilitic ozæna, in which the preparations of mercury and iodine have a direct action, the graver varieties of the disease have been regarded as nearly incurable. Cauterizations, insufflations of detersive and astringent powders, were employed indeed; patients were advised to respire balsamic and emolient liquids, and timid injections were made with small syringes, but these remedies were but insufficient applications, and persons who used them, still exaled the repulsive odor characteristic of the disease.

No one thought of using free and powerful injections, under the persuasion that they would penetrate into the throat.

Now numerous experiments have demonstrated to me positively that this opinion is completely erroneous, and that injections propelled with great force into one nostril, will always escape by the other.

* *Ozæna;* ulceration of the mucous membrane of the nasal fossæ, producing fetidity of the air expired by the nostrils,—*das stinkende Nasengeschuur.* —(Palmer.) ED.

It results from this fact, that we can readily wash out the nares, and free them from the accumulated crusts, mucus, and pus, which by their sojourn produce ozæna.

Nothing can be simpler than this operation. It suffices to introduce the canula of a large syringe into one nostril, and to push the piston energetically. A current is presently established, and foreign matters are washed away. The operation is not disagreeable, and may be executed by the patient himself.

Thus discharges are removed, the fœtor is corrected, and in a short time the morbid condition of the mucous membrane begins to amend, and a durable cure is ultimately effected.—*Virginia Medical and Surgical Journal.*

Chloroform Vapor in the insertion of an Issue. (By M. Danyan.)—" M. Richet said—I shall, finally, allude to the happy effects of the vapor of chloroform when thrown on ulcerated surfaces, which have been made known to us, by Dr. Hardy of Dublin, M. Moissenet and my colleague, M. Gosselin.

M. Danyan said—Having had to establish an issue on M. Roux, I made use of Dr. Hardy's æpparatus. I employed the Vienna paste. I directed the vapor of ether for ten minutes on the nape of the neck, where the issue was to be formed; the pain was completely annihilated."—*Gazette des Hopitaux*, June 13, 1854, p. 280.

A painful Stump treated by the application of Chloroform Vapour. (Under the care of M. Larrey.)—What appears certain is, that the vapour of chloroform freely directed to a painful point, immediately allays the sufferings of the patient. Thus at Val-de-Grace, after an amputation of the thigh, the stump having become excessively painful, M. Larrey made use of Dr. Hardy's apparatus, and as soon as the vapor of chloroform came in contact with the wound, the pains were soothed.—[*Journal de Medecine et de Chirurgie Pratiques*, March 1854, p. 99.

Apparent Death.—On the 24th of December, 1830, M. Ancelon was sent for in great haste to visit a person about eight miles off. On arriving he was informed that the patient, a woman 34 years of age, had been dead for more than half an hour. On examination, no signs of respiration could be detected; the pulse could not be felt, the surface was livid, the belly soft and placid, and the extremities cold. On being informed that the woman had been suffering from uterine hemorrhage for a length of time, and that it had continued up to the moment of her death, M. Ancelon made a vaginal examination. He found in the neck of the uterus the head of a fœtus of four months old; the soft parts were entirely absent. At the moment that he touched the head of the fœtus the midwife

thought she perceived a bubble of air at the woman's mouth. Encouraged by this appearance, M. Ancelon proceeded to disembarrass the uterus of its putrefied contents, and in proportion as he advanced in this the woman appeared to be restored to life. The respiration, manifested at first by air-bubbles, which succeeded one another on the lips, and then the circulation became established with extreme slowness. She did not recover her intelligence for more than three days. During this time, frequent injections were employed to clean out the putrid matters from the uterus, and ammonia was administered internally. During convalescence, she suffered much from an immense number of abscesses over the whole body. Eighteen months afterwards, she was delivered of her tenth child.—*Monthly Journ. Med. Sci.* Oct. 1854, from *Bulletin Gen. de Therap.* Nov. 15.

Treatment of Tinea Tarsi.—The treatment which is the favorite at the Moorfields Royal Ophthalmic Hospital in this troublesome disease, consists in carefully taking away all scales and crusts, and then rubbing the edge of the lid with solid lunar caustic. The application must be repeated twice a week, and patiently continued. It is absolutely necessary that all deposit be cleared away, so as to allow the remedy to come in direct contact with the cuticle, the opening of the hair follicles, orifices of the Meibomian glands, etc. If the treatment be steadily persevered with, the redness subsides, the thickening of the lid is removed, and the hairs previously destroyed grow again. Mr. Critchett is accustomed to relate a case in which a fair set of eyelashes were reproduced, after they had been absent for many years. The disease appears to be much more frequently secondary to measles than to any other affection, and its subjects are generally more or less cachectic. It often varies remarkably with the condition of the patient's health. Tonics are, therefore, indicated, together with a liberal diet; but it is well proved that these, without local treatment, are not competent to cure the disease. At the Hospital for Skin Diseases, in several cases recently, the hairs and their bulbs have been examined with the microscope. It does not appear that any cryptomagic sporules are ever present, the structure of the hair being healthy. In pulling out an eyelash, the hair-sheath is generally brought away too, and on its exterior are numerous pus and exudation-cells, showing that the inflammatory action has been external to the hair-sheath. In this respect, the hairs resemble those of sycosis and of impetigo occurring on hairy parts of the face. Mr. Startin's treatment consists in smearing the edge of the lid every night with a mild mercurial ointment, (ammonio-chloride, 10 grains to the ounce), and administering an arsenical tonic in combination either with iodine or mercury. —*Med. Times and Gaz.* Oct. 28, 1854.

Treatment of Wounds of the Eye.—Modern ophthalmic surgery has very considerably deviated from what used to be the usual practice in cases of wounds, either incised or punctured, of the eye. In a large majority of cases, it was formerly considered necessary to employ pretty active antiphlogistic measures in order to obviate the much-dreaded effects of inflammation. As a consequence of this habit, frequent examinations of the organ, in order to watch what was going on, became necessary. It is now known that, in all such cases, there must of necessity follow considerable inflammation. A degree of congestion, and the effusion about the injured parts of much soft lymph, are, therefore, looked upon as matters of course, and as stages of the healing process not to be interfered with. The great principle of the treatment which we see pursued at the Royal London Ophthalmic Hospital is to keep the injured organ completely at rest. Almost every one is experimentally familiar with the degree of comfort, in cases of slight scratches of the eye, or when plenty of dust has got into it, which is afforded by gently supporting the closed lids with the hand. So long as the lids are kept close and still, the pain is absent; but the moment any movement is attempted, a sharp stab of pain is caused. By extending the knowledge thus gained to the more severe injuries, we arrive at the principle alluded to. The following is the detail of the measures usually adopted at the institution named. On the patient's first application, the eye is carefully inspected; if any foreign matters are discovered, they are removed; if any portion of the front of the cornea have been partially detached, or if any considerable portion of the iris have been protruded so as to be irreducible, the piece is snipped away by means of small scissors. It is rare that any thing can be done in improving the position of the edges of the wound, or in returning protruded structures; and the next step is, therefore, to close the lids, and having carefully padded them with layers of cotton-wool, the whole is confined by strips of adhesive plaster. A mild dose of aperient medicine is generally given, and the patient directed to live carefully on a rather less stimulating diet than ordinary. Unless urgent symptoms make it necessary earlier, which is very rare, the eye is not again inspected for several days, or perhaps a week, when the dressings are cautiously removed and replaced. It is very infrequent, indeed, for any depletory measures, either topical or general, to be deemed necessary. The symptoms which would excite alarm, and be held to indicate the necessity for further examination, are severe tensive or throbbing pain in the globe, or general fever; and, in the absence of both these, it is judged certain that interference cannot be needed, and that frequent inspections of the organ could be but productive of injury.

We may remark that the plan of padding the lids and keeping the eye closed, is by far the best that can be pursued, after the removal of dirt, etc., from the eye, or after slight injuries to it from

blows or scratches. Under such circumstances, it is rarely required more than a day or two.—*Med. Times and Gaz.* September 9, 1854.

Mesmerism.—Important.—A novel case has just been decided in New York, which involves a curiosity in medico-jurisprudence. A mesmeric physician sued a husband for services rendered the wife in his absence. The Supreme Court says the law does not recognize the dreams, visions, or revelations of a woman in a mesmeric sleep as necessaries for a wife, for which the husband, without his consent, can be made to pay. These are fancy articles, which those who have money of their own to dispose of may purchase, if they think proper; but they are not necessaries, known to the law, for which the wife can pledge the credit of her absent husband. The law does not seem to have much respect for mesmerism and spirit rapping as sciences.

Meteorological Observations for January, 1854. Made at Zanesville, by JOHN C. T. HOLSTON, A. M., M. D.

Barometer, Maximum, January 8th,	29,85	inch.
" Minimum, January 21st,	28,29	"
" Monthly average,	29,18	"
" Monthly range,	1,56	"
" Greatest daily range, January 25th,	0,44	"
Thermometer, Maximum, Jan. 3d,	64	deg.
" Minimum, Jan. 14th,	8	"
" Monthly average,	31,65	"
" Monthly range,	56	"
" Greatest daily range, Jan. 1st	37	"

It rained on the 4th, 7th, 9th, 10th, 11th, 12th, and 20th; and snowed on the 17th, 18th, 24th, 25th, 26th, 27th, 28th, 29th, 30th and 31st. Total amount of water fallen ..... 3,324 inch.
Daily average, ... 0,107 "

Prevailing disease—just enough small-pox to remind us of the necessity of vaccinnation.

OBITUARY.

At a regular meeting of the "*Belmont Medical Society*," held at Morristown on the 18th inst., Drs. AFFLECK and McCONAHEY were appointed to report a suitable memorial in relation to the death of Dr. WM. N. DRAKE, late a worthy member; who reported the following preamble and resolutions, which were unanimously adopted, to wit:

Whereas, in the course of human events, it has been the lot of our beloved fellow member, Dr. WILLIAM N. DRAKE, to bow to fate, as every mortal must, sooner or later, we conceive it is only an act of justice to the deceased, that the

Belmont Medical Society, of which he was a member, should offer the following tribute.

Resolved, That in the death of Dr. William N. Drake, the Belmont Medical Society has lost one of its brightest ornaments; one who possessed a high and keen sense of honor in all his relations with the medical fraternity; one who spared no exertions to rescue the healing art from its open and lowest foes.

Resolved, That as a man and a citizen, the life of our lamented brother was honorable and just, pure and charitable, worthy the example both in and out of the profession.

Resolved, That while the Society feels sensibly his loss, it can point to his past course as an evidence to the rising generation of the happy results obtained by a consistent and energetic life, in showing the proud eminence to which a person may rise from obscurity, though encompassed with the crosses and perils of poverty.

Resolved, That in respect for his virtues, the members of the Society wear the customary badge of mourning for thirty days.

Resolved, That copies of the above be forwarded to the relations of the deceased, and be published in the Medical journals of the State, and county papers.

ISAAC HOOVER, President *pro tem.*

Attest: HENRY WEST, Secretary.

Morristown, Ohio, January 18th, 1855.

The "*Belmont Medical Society*," at its regular meeting, held at Lippencott's Hotel, in Morristown, on the 18th day of January, 1855, adopted unanimously, the following preamble and resolutions:

Whereas, this Society has just learned that it hath pleased the All-wise Disposer of events, "in whom we live, and move, and have our being," in His infinite wisdom, to remove from our midst, by death, JOSEPH HEWETSON, M. D., who died on the 16th inst. Therefore, while we wish to bow with submission to this afflictive dispensation of divine providence, we desire also to put on record the following resolves:

Resolved, That by the death of Dr. Joseph Hewetson, the community in which he lived has lost an eminent and useful citizen—the Church a worthy and consistent Christian—our Society one of its most valued and exemplary members—and the Medical profession one of its brightest luminaries.

Resolved, That in all his intercourse with his medical brethren, the deceased enjoyed their entire confidence, because his conduct both towards physician and patient, evinced that he was incapable of doing any thing derogatory to the character of a man, or the dignity of the medical faculty.

Resolved, That we tender to the family of the deceased our sincere and heartfelt condolence in this their sad bereavement; well aware, at the same time, how utterly unavailing will be our sympathies to heal the wounds inflicted by this dispensation.

Resolved, That Dr. McConahey be, and he is hereby appointed to prepare a short biographical sketch of the life and character of Dr. Hewetson, to be published in the next volume of our Transactions.

Resolved, That as a testimony of our respect and esteem for the deceased, the members of this Society will wear crape on the left arm, as a badge of mourning, for thirty days.

Resolved, That as an additional testimony of our esteem for the deceased, and of our sympathy with his relatives, we cause a copy of these resolutions to be tendered to his family, and also to be published in the newspapers of this county, in the next volume of Transactions, and in the Medical journals of this State.

ISAAC HOOVER, President.

Attest: HENRY WEST, Secretary.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.

PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO.

No. 3.] CINCINNATI, MARCH, 1855. [VOL. XVI.

Original Lectures, Essays and Communications.

On Fever. Translated from the German of Prof. Virchow. By WILLIAM KRAUSE, M. D., Cincinnati.

Since Galen's age, who first in his prolix works gave a definition of fever, the raised temperature of the body was considered an essential phenomenon of the fever. Physicians of a later period however pronounced also those cases febrile, in which that was absent and where the cold shivering seemed to indicate even the contrary. Therefore, above all, they directed their attention to the augmented frequency of the motions of the heart, measuring the fever by the pulse. But even this measure was known to be insufficient, since a more frequent pulse was observed also in conditions apparently not febrile, and on the other side diseases generally placed among the fevers, sometimes exhibit a diminished number of palpitations of the heart. In consequence of these various observations, the picture of fever became more and more complicate, its symptoms being both inconstant and various, especially in respect to the varying degrees of horripilation, which to superadd as one of the symptoms of the fever had proved necessary.

Hence it was not to be considered as a specific process of disease, but rather as a simple phenomenon of reflection or reaction.

After this time De Haen proved the doubts, held about the ancient view of the fever, to be based only upon inexact methods of examining. For the thermometer used by him instead of the uncertain hand, showed even during the cold shivering a raised temperature (often from 4.5 to 9 degrees Far.,) and an augmentation of the febrile heat also in less febrile conditions. The chill of the fever is therefore but a phenomenon of the periphery, which would lead us astray, if we were to judge from it of the whole disease. While the exterior of the body feels cold, the interior is almost burning.

The blood being the very vehicle of the animal heat, its degree, as we must conclude, partly depends on the quantity and quality of the blood; anæmia and venous hyperæmia occur in conjunction with a reduced temperature. With conditions of this kind we meet during the chill on the freely exposed surface of the skin, where more heat is eradiated than is produced by the process of organic combustion. Again the touching hand is deceived in contrary conditions as arterial congestion, active hyperæmia.

The increased heat is a constant symptom of the fever. Often it is also the only perceptible alteration, or it precedes the fever. For instance, in the intermittent fever, elevated temperature is already to be seen on the thermometer before the attack and some of these are distinguished by nothing else. Since the heat is principally increased in the blood; further, since it is perceptible only in those organs which give free passage to the circulation of arterial blood, we may suppose the more extensive oxydation of elements of the blood to be the source of the heightened temperature. For with regard to the results of physiological chemistry, we can no longer admit, as Hales and Boerhave maintained, the augmented friction of the blood in its vessels as a mechanical cause of the production of heat.

The greater consumption of constituents of the body during febrile diseases can easily be proved by the reduction in its weight and by the emaciation, which may be more or less considerable. But it is still very difficult to explain the process of this consumption. For, as those suffering from fever, take no food at all or only a little for want of appetite, or in obedience to dietetical prescription, the symptoms of febrile consumption blend with those of hunger and inanition. Should there at the same time appear more abundant secretions, they of course will also considerably lessen the mass of the body. Notwithstanding, we must not attribute too great an importance to all these facts; for the materials of the secretions would often not exist, unless produced by the disease, i. e. by the augmented consumption of elements of the body, and on the other side its weight in many cases is so rapidly diminished, that this can not be set down as a symptom of inanition. Finally, in hectic fevers we observe in spite of sufficient food the weight of the body continually decreasing.

It would appear therefore, that the increase of heat during fever is not due to an augmented combustion of ingesta, but the tissues seem by furnishing the material for increased chemical transformations to form the source of the greater production of heat. Hence, the duration of the fever being extended, not only the blood, fat, and the parenchymatous fluids, but even the most solid parts of the body sustain a loss. In acute fevers this loss can not be demonstrated, and therefore only the before cited liquids of the body seem to be concerned in these maladies. But we feel embarrassed in our observations of purely febrile diseases the more, as the greater proportion of febrile diseases are complicated with topical inflamation; for example, with exudations, which resulted from the blood at its expense, so that we can not determine, whether at all and to what extent the alteration of the blood depends on the febrile consumption or on the loss caused by exuded material. Yet in the simple fevers, most signs seem to indicate a consumption of the corpuscles of blood, by the decay of

which, bile and urine are profusely charged with their coloring principles. At the same time the surplus of urea and urates found in the urine, indicate a more copious destruction of the albuminates in the blood. But, also, the parenchymata likely perform a more extensive transformation of their elements, especially as there exists some doubt, whether within the blood the albuminates are dissolved into urea and uric acid.

Already, a long time ago, the heightened process of respiration was supposed to be the cause of the greater consumption of material. The quantity of carbonic acid exhaled was taken for a measure of that alteration, yet by this method the oxydation was found rather to be diminished than increased. But this measure is no right one, as many organic substances can be oxydized; for instance, Hydrogen combined with Oxygen in the proportion to form water, without forming carbonic acid, and such products of oxydation can be removed in various ways. On the other hand we may presume, that, although less Oxygen was received into the system, yet a greater number of products of oxydation were formed, however imperfect, particularly if a greater quantity of material capable of oxydation was present in the blood. It is universally known, that if the respiration is imperfect, or many substances are accumulated in the blood, which may easily be decomposed, only uric acid is found, the less perfect oxide, instead of urea, the more perfect oxide. Finally Moleschott remarks, that a considerable source of heat is already given by the decomposition of compounds, even should there be formed only a small number of imperfect oxydes. With respect to these observations, the process of febrile respiration seems not to be directly increased, neither is there more oxygen taken in, nor more cabonic acid given out; but the pre-existence of a greater quantity of substances which may easily decompose, or are already suffering decomposition, is quite sufficient to produce a greater amount of heat. But after having refuted, that more oxygen is received during the fever, we readily admit, that it may be derived from a heighthened process of combustion.

If heat is the pathognomonic symptom of fever, and produced by an augmented consumption of the constituents of the body, the next cause of the fever must render that augmented consumption possible. This next cause was supposed to be some acrid matter, called Pyrotogen, or to depend on the absence of normal elements of the blood. But the truth of this thesis could not be directly demonstrated. In the eruptive and infective fevers we may presume the presence of a certain catalytic substance heterological to the blood, and therefore affecting it with certain constant alterations. But we find the symptoms of such fevers are of a simple inflammatory character, in no constant relation to the changed quality of the blood. Finally, the same substance in one person will induce fever and not necessarily in another, though we may be sure that it got into the blood and altered it by the same operation. Hence we infer, that the exciting cause of fever can not be found in the blood, though the fever may sometimes happen to be predisposed by a greater exaggeration of material, which may be easily subject to decomposition. But this occurs for instance, after any meal taken, and by a brisker digestion the temperature of the body will be heightened as certainly as by mechanical labor or by a warm atmosphere, and yet we would not ascribe a febrile nature to this increase of heat. For the febrile heat is not only an increase of temperature, it is temperature increased under certain conditions, and these are not to be found within the blood, but in the nervous system.

To this, Paracelsus had already paid attention. He presumed that the fever combatted against the disease. Others following him, reflected upon the fever as a reaction or a process of defense, arranged by the organism against the malady, as a fighting of the egotistic principle against the cosmical one. I can not oppose him, who, from the course of a process draws his conclusions to its results. But from his view upon the fever as serving some imaginary purpose, science does not derive any profit. On the contrary, views founded on Teleology

only serve for affirming prejudices, and for lulling into sleep scientific investigations.

Our scientific problem is, how far under physiological circumstances the nervous system is concerned in producing heat. For since pathological phenomena make their appearance according to the laws of physiology, heat, pathologically produced, can not be produced but by an excess of the physiological animal heat, and this excess indicates either that organs moderating the production of heat are deranged, or those producing it are excited; in short, the febrile heat is to be derived from diminished or increased innervation. Both correspond to some laws of physiology, as motions of muscles, excited by an irritation of nerves, are coexistent with an augmented temperature, and as for the second, Claude Bernard, after having dissected the cervical portion of the sympathetic nerve, by which fine experiment the innervation of this nerve was discontinued, observed the temperature of the region of the body supplied by it, rapidly increasing.

Those considering the fever as a reaction, as an active process, were induced to think, that the function of the nerves was excited. An action of this kind which mainly affects the periphery of the body, almost only motory and secretory functions coming under observation, would show a character more or less spasmodic, and this seems also too to be indicated by the chill of the fever, and the crisis subsequent to it. But remember, is such a strong spasmodic antagonistic action, called re-action, exhibited also in the gentle chilling of the consumption of the lungs, or in the influenza? These alterations seem rather to be of a sympathetic character. Further, the most considerable motory alterations, for example, those of Tetanus take no febrile course, and finally, how often is the temperature already heightened, before the spasm of the cold shivering begins, which therefore appears rather like a consequence of that sudden rise of temperature. In regard of these remarks, we must, to define the febrile signs, direct our attention to the prodromes of the chill. But choosing this

way, we leave those points indicating a positive character of the function of those nerves that cause fever.

Cullen, in his "First Lines of the Practice of Physic," very reasonably places a stage of weakness before those of the chill and the heat. Accordingly, he concludes the causes of the fever to be such as weaken the body, and ascribes a reactive nature to the fever, for the simple reason only, because those febrile alterations themselves prevent the further effects of their precursory noxious agents. Indeed, all symptoms in the beginning or course of the fever, seem to be of a paralytic character. The nutrition of the single tissues, for instance, of the muscles, does not appear to be disturbed, and therefore can not be found guilty of producing that weakness, fatigation, dedolence, and sensitiveness, observed in the beginning of the fever. For this often sets in so very abruptly, that no time is left to bring about alterations of that kind, and therefore these sentiments are more precisely to be defined by a paralysis or lessened influence of those nerves, which are the physiological regulators of the process producing heat. Uncultivated as this province of neurophysiology may be, yet the febrile processes seem at first to take place in the regions of the pneumogastric nerve. For besides the heightened temperature, the alteration of the circulation, especially of the motions of the heart, as also the disturbed digestion, anorexy, nausea and vomiting, commonly strike our senses. It is known, that an irritation of the par vagum suspends the motions of the heart, whereas a dissection of these nerves accelerates the pulse to a very considerable degree. With respect to these experiments a great deal of the febrile symptoms may be easily deduced from a more or less paralytic state of the pneumogastric nerves. Then the anorexy would correspond to the augmented frequency of the pulse, and for the ramification of the pneumo-gastric nerve in the lungs, we have to prove that the raised temperature depends on an increase of their respiratory function. Indeed, Fowelin says to have observed, upon dissecting the par vagum, an accelera ted circulation of the

blood, and an augmented exhalation of carbonic acid; that is to say, a heightened process of combustion, which was affirmed by the observations of Traube, that the leaves of the Digitalis, which, when introduced, excite the system of the nerves of the heart, and reduce the circulation of the blood, at the same time diminish the temperature of the body. Hence we are tempted to conclude, that whenever the circulation of the blood is accelerated, the temperature of the body is increased,—the conditions inversed, the contrary will take place. But other observations made on healthy persons, showed that the course of the temperature and the frequency of the pulse do not depend one on another. Therefore we prefer to derive the febrile temperature not only from an accelerated motion of the heart, but rather to consider it as a complicate phenomenon. For it is evident, that the febrile heat in proportion to the exciting cause of fever should be far greater, unless the temperature be diminished by the inanition of the body in consequence of want of appetite and sufficient food. Other causes lowering the temperature, are the diminished functions of the muscles and the increased radiation of heat from the surface of the body. On the other side, the heightened temperature most probably depends not exclusively on the augmented motions of the heart, because often after the increase of the temperature the pulse turns more frequent. A similar observation was published by Blagden and Dobson, who for a long while submitted themselves to the influence of heated air. These observations are to be respected the more, as we know that the intensity of the contractions of the heart is in a reverse proportion to their frequency. In many such cases therefore, the circulation of the blood is not only not accelerated, but even retarded. Under such conditions the blood will not be brought into a greater contact with the atmospheric air. Thus, the process of oxydation, and consequently the production of heat can not be augmented.

Can it not be imagined that the accelerated flow of the blood depends not only on the number and energy of the motions of the heart, but also on the condition of the whole system of the

blood vessels? The theory of Koelliker, of the erection of the corpora cavernosa seems irrelevant to the phenomena observed on the muscles of the heart and the blood vessels. He supposes the organic muscles surrounding the cells of the corpora cavernosa to be innerved like the muscles of the heart, by the antagonistic function of the cerebro-spinal and sympathetic nerves belonging to them. But if the physiological function of the nerves of the heart even were similar, and we may adopt this as being a fact, yet their effects widely differ one from another. Upon dissecting the pneumo-gastric nerve, the influence of the sympathetic nerve predominates upon the motions of the heart, which become evidently augmented. But the muscles of the blood-vessels, excited at the same time to a spasmodic contraction, rather hinder the stream of blood by narrowing its channels.

In view of these different results, we must ingenuously confess, that not even the question of the ramification of the vasomotoric nerves is settled. Furthermore, the contractility of the arteries in several febrile subjects, is seldom in proportion to the degree of temperature of the body. More subservient to the explanation of the nature of fever would be to refer to the before mentioned experiment of Bernard. Whenever after dissecting the cervical part of the sympathetic nerve, the temperature of the corresponding half of the body was observed to be increasing, we may suppose not only the expansion of the blood-vessels and conformably an accelerated circulation of blood through them, but also an augmented transformation of animal tissues to be the cause, of that phenomenon. Should the former conditions only be adopted as causes, the local temperature would not have exceeded the general one. At all events we must conclude from this experiment, that, besides the contractions of the heart, the tonicity of the blood-vessels is not to be lost sight of in tracing back the symptoms of the fever to their origin. Yet it can not be denied that usually the increased consumption of constituents of the body, and the dependence of the tonicity upon general

conditions of nutrition chiefly claim our attention. The febrile symptoms, appearing and disappearing of a sudden, lead us to look for their proximate cause in the nervous system, though this may be affected by materials contained in the blood. Again, if we were to consider the raised temperature not as a consequence of a debilitated condition of the nervous system, but this condition rather depending upon increased temperature of the body, how can we then account for it, that some fits of fever are gone, after remedies are given, irritating only the nervous system, and acting upon the transformation of tissues in general, in a manner scarcely perceptible. True, food, respiration, circulation, the functions of the muscles, i.e., many visible processes, are at the command of the organism to produce heat. But, as neither abstinence of food, nor a limited respiration and circulation, nor perfect rest of the physical and spiritual functions, are sufficient to prevent the attacks of fever, it will serve to regard the nervous system as a factor, in the production of heat. The cerebro-spinal nerves do not seem to regulate this process. For paralyzed limbs generally feel cooler, than integral ones. Again, we know that the function of the sympathetic nerves not only continues, when that of the cerebro-spinal nerves has ceased to act, but even to be heightened under such circumstances. Finally, the temperature at the same time being elevated, their function is generally observed, as a rhythmical and almost autonomical one. But all these observations, I am sorry to say, do not furnish us with any evident proof. Yet they show at least the possibility of retracing the fever to an alteration of the nervous system. We ought of course to put it aside, in studying chemical and nutritive processes. For its function can not change their quality. Its activity is rather exclusively of an exciting or moderating effect. But why should we exclude this quantitative effect of the nervous system, why supersede its property of uniting the various sources of life, in studying the process of the fever.

To condense the results of our investigation, not only the

hectic fever, but all fevers manifest a consumptive character and an insufficient regulation. All facts cited, contribute to prove that the want of regulation involves the danger of an increased consumption. The first symptoms of fever are symptoms of a debilitation of the nervous system. Thereby the normal harmonious function of the single organs of life is disturbed. These enter into unusual relation to external substances, especially to the oxygen of the atmosphere and combining with it under a heightened temperature, form so great a series of consumptive compounds, as to render the regular course of life in general impossible. From the quoted facts further appears, that any alteration can grow febrile, if the function of those centres, regulating the transformation of the constituents of the body, is checked. The inset of the fever we fix at that point of time, when after general debilitation of the bodily and spiritual faculties, the consumption of tissues, and the animal heat of the body are increasing. Pathognomonic for the fever is therefore the stage of the heat; that of the chill is only of relative interest, as the highest degree of the abnormal temperature is observed, at the very end of the chill. The greater the rapidity of the rise of the temperature, which proceeds commensurate with the elements consumed, the more the sensitive nerves become excited. Their hyperaesthesy then produces after any irritation, however slight it be, motions of reflection. Either, when horripilation is felt and observed on the skin, only the organical muscles of the skin and of its blood-vessels are put in a spasmodic condition, or this hyper-excitement of the peripherical nerves is propagated also upon the cross-striated muscles, so as to cause a cold shivering, or even almost convulsions. The sensation of the chill is to be referred to the anaemia of the skin, in consequence of the contraction of their muscles. From the same cause the blood will be retarded in the venous system, which cyanosis, with certain complications, can become very important for interior organs. The spasm passed, the increase of temperature can again be noticed on the surface of

the body. The contracted parts relax, the blood again rushes into the vessels of the skin, the interior organs are discharged, and at last a copious diffusion of liquids through all secreting organs can end the scene.

We supersede explaining the medulla oblongata, the pneumogastric nerve, and those sympathetic ganglia, appertaining to the heart, as regulating its motions. The process of the nutrition of its muscles probably depends chiefly upon the sympathetic ganglia, and it is this which seems to be altered, especially in those cases, where the pulsations of the heart are less frequent, than the least number counted under normal conditions. The more debilitated the medulla oblongata, the more frequent is the pulse. But by this acceleration of the circulation of the blood, an other source of heat was opened, by which the febrile condition met with a complication. Besides the tonicity of the blood-vessels, as determining, to some degree, by the resistance of their walls, the circulation of the blood, is approximatively at least to be valued, more especially, since much contracted vessels render the secretion of fluids more difficult.

The fever, by gradually progressing from the nervous system, to a greater number of sources of life, leaves the local character, and assumes a general one. In this view, the fever may appropriately be defined, as a generalization of the original disease. But wherever we observe a series of phenomena, forming one after another, according to the laws of physiology, it is only an abortive thought to reflect upon the fever, as a designed or a providential process. The fever is, and will always be, but a disturbance propagated. Consequently it is always better, that one escapes the fever, after he has not escaped those noxious influences prone to excite it. A fever is of a salutary effect, only when an alteration previously existing, is accidentally removed from the system with those tissues decomposed by the febrile consumption. But this will take place only occasionally. In general, fever augments the danger, and we may exult at the appearance of fever, only so far, as we rejoice

in any disease, because it proves the existence of life, and gives evidence, that certain normal functions are not yet deranged. Finally, we must oppose those, that have abandoned the notion and name of the fever, and substitute for it animal heat. Pathological heat, not animal heat in general, is fever. These bear the same relation to each other, as spasms do to the motions of muscles.

The study of the sources of the fever-heat, seems to be interesting, in answering the question of the compensation of febrile disturbances. The dogma of the crisis of the fever, as we find it in writings of Hippocrates and Galen, was recently scrutinized, especially in northern countries, where those ancient observations could not be affirmed. Physicians of modern times, were inclined therefore, to ascribe the typical character, more frequently exhibited in southern regions, exclusively to territorial influences, and to consider it as unimportant to the course of the fever. But these conclusions, partly drawn from examinations, of various excretions were corrected, after measuring more exactly the temperature of the body. Hence, it followed, that all excretions, as urine, sweat, alvine discharges, vomited matter, hemorrhagies etc., are signs of very different meaning. At one time they have no influence on the crisis. Even it may occur, that in spite of them the fever increases. In such cases they are symptomatical, i. e. contemporary effects of the cause, which excited fever. If at other times, really removing the alteration, they are critical or finally metacritical, i. e. they appear in consequence of a compensation already finished, or in favor of it, while proceeding. Upon referring these distinctions to the nervous system, the sympathetic excretions, indicate a still continued alteration of the latter. The ciritical and metacritical excretions, however, show, that the nervous centres, are gradually or all at once regulating again the production of heat. As the excreted materials should not be considered as a peccant matter, nor as characterizing the febrile diseases, though heterological elements of the blood, may sometimes be removed with them, the real regulation of the composi-

ion of the blood is generally observed only in the period of reconvalescence, and this process will be understood from the temperature rising again to its normal standard, a lowered state being observed immediately after the crisis.

The deposits of material, the localization of the disease, called Pseudocrisis, bear a similar relation as secretion and excretion. Those processes, altering the nutrition of the affected parts, and distinguished by hyperaemia, exudation and parenchymatous degeneration are likewise of a sympathetical, or critical, or metacritical character, which are proved especially by the eruptive and infective fevers. Besides their critical localization, sympathetical deposits come under our notice, and during the reconvalescence metacritical deposits in different organs. In these cases, indeed, we must presume, that the quality of the blood is changed by the reception of a contagious alien substance, which, being deposited and retained in it during the stage of incubation, becomes active at the appearance of the eruption, with which it is thrown on the surface of the body. For from this time forth, the contagion exists no longer. This process proves, it is true, that a matter deposited out of the blood, can be directly critical. Yet this conclusion does not speak in favor of an exclusively humoral doctrine; for the localization, proceeding almost instantaneously, distinctly indicates the nervous system, also, as exerting a great influence in its production. Besides, observations made in specific, exanthematic fevers, should not be referred to, as extending to all fevers.

The character of an excretion or exudation, whether it be a critical one or not, can therefore not be judged of by certain qualities proper to them, but only by their action, of diminishing the intensity of the febrile symptoms, which often can not be proved, except by means of the thermometer. Although it is an undeniable fact, that the condition of the pulse supports our observations, as its frequency will be lessened, while the heat is reduced, nevertheless the temperature is the principal sign, may the reduction of the heat appear abruptly and critically or by degrees and forming a lysis. That such important

a change should depend on the elimination of substances from the blood, which, upon examining the excretions, proved to deserve but little notice, and to be not at all noxious, is the more improbable, as the heightened temperature of the body is produced by an augmented consumption of tissues. Indeed, in exanthematic fevers, the febrile heat generally decreases, as soon as the eruption has made its appearance. But who would conclude from the "post hoc to a proper hoc," especially as there are many cases, where the fever is very considerable, the eruption at the same time being limited, or in the reverse. In the acute, inflammatory and chronic hectic fevers, the removal of any peccant matter, contained in the excretions, can not be substantiated at all. Whether in a certain case, a sweat is of sympathetical or of critical character, is a question, that can not be answered from its physical or chemical properties. Finally, we often observe a critical decrease of the animal heat, without being produced by secretions or ejections, and then, as Cullen describes, the gradual redintegration of coenæthesis and appetite, the restrained irritability of the brain, the diminished number of the pulses, are the only sign that the patient has passed the crisis.

The humoral nature of the fever being rendered doubtful by these observations; its nervous nature is also positively proved by the critical days. In spite of the modern sceptics, we may, relying upon facts, proved by the thermometer, thoroughly affirm that thesis of Hippocrates, which maintains the crisis in general to appear on the odd days. As we further see the growth, the regeneration and reproduction of the solid parts of the body rythmically going on, we shall come near the truth, if investigating the febrile process in a neuro-pathological way. Since the crisis terminates only the fever, it will not bring the whole disease to a close, unless it be a primary fever, originating from the blood or the nervous system. But whenever the fever is complicate with local alterations, these will continue, even, after the fever is gone; the originary malady may nevertheless proceed with its local character.

In prognosticating the attacks of the fever, we may still discern erethical, synochal and torpid ones. For this distinction is at least important in a practical view. After we have estimated the measure of strength, i. e. the sum of the functions not yet disturbed by the febrile alteration, or regulated again, we have obtained a point, for judging of the danger, which might arise from its course, and of the possibility and time of its crisis. True, the eruptive fevers exhibit by their temperature the best scale, for measuring the danger. In general, however, it is not so important to learn, how great a quantity of materials is burnt, but more particularly, which are the tissues consumed, and in which localities; for the centres of the blood and nerves are of course the most important ones. An erethic, sthenic fever, is commonly estimated as a consequence of a temperate alteration in a body, hale and sound in other respects. It exhibits the probability of being spontaneously removed. The alterations, however, caused by a torpid fever (asthenical, adynamical, nervous, putrid, typhoid fever,) arise to a formidable extent, by the force of the paralyzing cause; for instance, of a miasmatic substance, or in consequence of a nutrition of the body previously viciated or insufficient. Of this disease, a propitious exit may be expected, if we do not fail in strengthening decreasing, in reanimating paralyzed functions. Synochal, hypersthenic, inflammatory fevers, show no extraordinary augmentation of combustion, but rather an alteration, very extensive in the nervous centres. Fevers of this kind, are generally observed in stout, well nourished subjects. The greatest danger principally arises from a further propagation of the alteration, more and more complicating the febrile condition. The physician will under such circumstances find it necessary, to interfere more energetically, though he will not always succeed, if following in every instance that general scheme of physicing, which assigns exciting and roborating remedies for torpid fevers, orders the expectant plan for sthenical ones, and a sedative or mitigating method, for those of a synochal character.

First object in the cure of fever, is cooling the body and the crisis and critical days may be selected for it. But we must not forget, that an excretion per se is as little critical, as cooling alone does not remove the fever. The reduction of the heat, which by the scientific hydrotherapy of Currie and Hallemann, was considered as the main point in the treatment of fever, is of real benefit only, when the source of the pathological production of heat was closed. The cooling method is far from being identical with the anti-febrile method, moderating the production of heat. The former is symptomatic and indirect, the latter critical and direct. Often only the former is practicable, although the fever would not be removed by means of it, but only the series of secondary phenomena, which originated in the febrile heat. Besides those remedies, directly diminishing heat, (cold potions, cold applications on the skin, cool air, loose covering of the body), or moderating its production, (resting, bland diet, interdiction of exciting liquors), the cooling, sedative, antiphlogistic method has on hand, also the anaesthetical remedies for regulating perversed functions, especially of the nervous system, coexisting with the fever, or excited by it. Finally, we enumerate remedies, diminishing the consequences of the heightened respiration, above all bleeding. It lowers the temperature at least for a moment, by its revulsory action upon the nervous system, and by diminishing at the same time, the quantity of combustible material in the blood, further the neutral salts, the mild evacuating substances, as vegetable acids, likewise also the oily and fatty remedies, chiefly cod-liver oil.

The very anti-febrile remedies, however, the febrifuges are among the stimulants. Already small doses of them affect the nervous system to a high degree, for example the digitalis, quinine and arsenic. To the same class, belong some vegetable alkaloids and some minerals. Their quick effect in reducing temperature, can only be understood from their action upon the regulating centres of the nervous system. The Digitalis, according to Traube, excites the medulla oblongata and

the radices of the par vagum quinine, according to the observations of Demeril, Demarquay and Lecointe, takes a hypersthenical and direct effect upon the sympathetic system. Other substances affect other parts of the body, one more motive, not to look for the regulating factors of heat in circumscript portions of the nervous system. Most febrifuges range among the excitant remedies, and this is a fact, which the ancient exciting therapy of the fever could be based upon, especially as the digitalis was found to bring about the contemplated effect, as well in synochal as in torpid fevers. Still we must distinguish the exciting and the tonic method, since the latter will cure by regulating the process of the nutrition. These terms, however, are not distinct, for both the nutrients and roboratings, excite the nervous system. But mainly they provide against the consumption and inanition. The proper exciting remedies, however, shall stop the source of the animal heat, by removing the paralytic condition. But we may not trust to have settled the whole disease, after the febrile phenomena have disappeared. The patient has not become quite well, as we learn from practice, when by means of quinine the intermittent phenomena of fever, by digitalis the secondary remittent phenomena, by arsenic the febrile symptoms of hyperaesthesy and neuralgy have been cured. Usually in acute maladies, we treat the nervous system, the fever, and leave the local nutrition alterations to themselves. They will then be gradually regulated by the normal consumption and regeneration of the constituents by way of nutrition. Yet the patient has profited much by having overcome the danger of the fever.

Both the refrigerating and anti-febrile method can effect nothing but the crisis or lysis of the fever. The therapeut has therefore to answer the highly interesting question, what is the relation in febrile diseases, between the natural and artificial cure. A contradiction in these could be presumed only as long as the crisis was looked for exclusively in the excretion or deposition of imaginary noxious substances. Only

in this view, the empirical hydrotherapy boasted of purifying the sick body by enormous secretions or eruptions, artificially produced. Still others reproached the usual therapy, for intending to overcome the pathological alterations in a violent hostile manner. The nature and causes of the individual case alone can tell, which way to take, for we have got intelligence, that the crisis is not the only way, nor that it is signified by excretions or locailsations of the disease. But should some single case show a predilection for certain secretions or its pathogeny promise, that material cases should become effectual, then we shall incite them or remove the difficulties that impede their course.

This was ever done by remedies acting upon the skin, the digestive organs or the kidneys, through which the crisis, antagonistic to the nervous system can proceed. If an energetic activity of the physician is required for this end, he ought to follow the deviating method, alternating diaphoretics, diuretics, emetics or purgatives, counter-irritants, etc., or to incite the function of other organs if debilitated. Thus not only the alteration in the nervous system, but also the quality of the blood, and nutrition are repaired and all functions of the body reestablished.]

Cautious physicians will of course follow some more indications, which may be casual or symptomatical ones. For the nature of the causes of fever, exciting or maintaining it, can vary very much, or accidents may occur, arising from the extraordinary intensity of local alterations. But it will be sufficient to have noticed here the general principles, which should be animadverted upon in all febrile diseases.

Chloroform. By J. U. HECKERMAN, M. D., Tiffin City, Ohio.

I noticed in the Lancet some months since, an article headed "An Account of Seventeen Cases of Parturition in which Chloroform was inhaled with pernicious effects," the history of which cases was given in a paper read before the Royal Medical and Chirurgical Society, by Dr. R. LEE.

These cases as here related, by one whose name stands so deservedly high as an observer, and further supported by such men as Merriman and Chowne, are, we think, calculated to leave false impressions upon the minds of such medical men who may have but a limited experience in the administration of chloroform or ether in obstetracy, which we would have noticed ere this, had not lack of time prevented.

In the afore-named essay, it is said by Dr. Lee, that in seventeen obstetric cases, in which chloroform was inhaled, it produced pernicious effects—as insanity, peritonitis, epilepsy, and the rendering necessary the use of the forceps. We are not told if these cases are the only ones in which the Professor ever used the agent, or if he used it frequently, the cases cited being the only ones in which its action, to him, seemed to be unpropitious.

It is well known to the profession that Dr. Lee is in the receipt of a large obstetric practice, and a difficulty with many will be to know, if or not, the "seventeen cases" are so many unfavorable ones, selected from among from one thousand to five thousand; but taking it for granted that they are the only cases in which the reporter tried the use of chloroform, we hold that the number is too limited to enable Dr. Lee or any other man to arrive at correct and wise conclusions.

Now if, indeed, in seventeen cases, there were five, which really demanded forceep interference, we think that the proportion was alarmingly large; and yet such a relative number of cases might have accidentally occurred without the use of chloroform, for we are not told what were the causes which rendered this interference necessary; whether it was uterine inertia, a faulty condition of the pelvis, or a disrelative size of the fœtal cranium.

If these cases resulted from either faulty pelvis or cranium, surely the chloroform should not be made to bear the fault; and if from suspended uterine action, we are not told if there was allowed to elapse sufficient time for proper uterine action to be resumed, nor whether proper remedies were administered

with a view to produce such action. Before resorting to the use of the forceps, however, we incline to think that every proper effort would be made, by one in whose hands this instrument seems to be extremely fatal; for it is said by Dr. Churchill, that of forty-two cases in Dr. Lee's hands, thirty-one children were lost; and this, too, before the introduction of chloroform into obstetric practice.

We also find that many years since, Dr. Lee had incurred cases of mania, epilepsy, prolapsed funis umbilicalis, &c. &c., and that in forty-seven cases of flooding occurring in his hands, it was fatal to ten mothers.

Four of the "seventeen cases," we are told, resulted in peritonitis or phlebitis; but with even this formidable malady, we incline to believe Dr. Lee long since familiar, for it is recorded in medical history, that of one hundred cases of puerperal fever occurring in the practice of Dr. Lee, forty of the patients died; nor can we conceive how this disease can be chargeable to the inhalation of chloroform during labor, since it is not found to occur with greater relative frequency in patients who have inhaled the vapor, than in those who have not; neither is it peculiar to any particular locality or set of practitioners.

Peritonitis and phlebitis had occurred thousands of times prior to the anesthetic use of chloroform in midwifery, and thousands of women have since inhaled it without having peritonitis, phlebitis, mania, epilepsy, &c.

In the essay under consideration, Dr. Merriman is also referred to, as having related a case of labor where chloroform was administered, which so suspended the contractions that it was a long time before they recommenced. The sympathetic effect is also said to have been violent, and the patient was finally removed to a "mad house."

"This case so alarmed him, that he had never since given his assent to the employment of chloroform."

It is very surprising to learn that such a man as Dr. Merriman could be frightened from the employment of a potent and

important remedy, by the result of a single instance. Dr. M.'s case was certainly not of favorable issue, yet it was not an unprecedented one, and almost every man who has attended any considerable number of births, has also witnessed, at times, a temporary suspension of uterine action during the early period of the first stage of labor.

The case, we are also informed, terminated in mania, but are not told why this disease was assigned to the chloroformic inhalations, nor is it at all said to have been so, but that it was, we are left to infer from the connection, or at least to believe that Dr. M. thought so. Drs. Lee and Merriman can surely not have forgotten the cases of puerperal mania, of flooding, post partem from lack of tonic uterine contraction, mal-presentation, &c., that occurred in their hands anterior to the first use of chloroform in midwifery.

The writer has, within the past eight years, frequently produced the anesthetic effects of chloroform and ether in obstetrical and surgical cases; and has never in a single instance seen fatal or very unpleasant results. In but one case has he known it to unaccountably suspend the process of labor, and this was in the person of a lady to whom he had administered it during a previous accouchement with the happiest effects.

We have used anesthetics in five cases requiring the use of the forceps, occasioned by disproportion of the cranium and pelvis, in two crotchet cases, in four cases of version, rendered necessary by shoulder presentations, three of which children were saved, and in two cases of placenta pravia, in both of which the child was dead born.

Within the past twelve months, I have used it in about two dozen cases of labor, and, since 1848, have, in surgery and midwifery, administered chloroform or ether or a mixture of both more than two hundred times, and am aware that in so doing I am in opposition to many of the most judicious practitioners and ablest writers of the day; but consider it, in competent hands, nearly or quite as safe as any other active therapeutic agent we possess.

To produce insensibility to pain during labor, I prefer ether, chloroform, or a mixture of both, in which the one or the other may predominate, or they may be equal, according to the condition of my patient at the time of its administration. In persons of full habits, with a good deal of nervous excitability, I use chloroform only, while where the condition is asthenic, ether is preferred. Between the extremes we meet with every degree of difference, and the mixture is made to range, as near as we can judge, with the state of the person who is to inhale.

Should the first portions administered produce excitement, a little more chloroform should be added to the mixture, and vice versa. We do consider that there is as much tact and judgment requisite in deciding which of the agents, or what shall be the proportion of the mixture administered in each individual case, as there is in the decision of any other medical or obstetrical point; as much, for instance, as in deciding if or not the lancet should be used in any particular case of pneumonia or scarlatina: and we verily believe that if, in any given number of cases, it were possible to collect all the deaths which result from errors on this point, in these diseases, and compare them with the fatal results of chloroform, that the latter remedy would gain greatly by the comparison; and yet comparatively few of the profession wholly proscribe blood-letting in these ailments.

During the first stage of labor, it is seldom proper to give more than is sufficient to produce partial insensibility, permitting consciousness to remain almost undisturbed, but at the close of this stage we give one drachm of saturated Tinct. of Ergot., which insures against any cessation of pain; and then carry the agent until its full soporific effect be produced. In this way we believe that the medulla oblongata is less likely to become seriously affected than if the patient be either kept for a great while in a state of unconsciousness, or than if an attempt be made speedily to overwhelm the sensorium.

Should a case occur to us, of suspended respiration, the heart still acting, we should confidently expect it to become re-estab-

lished, from being artificially continued; and should we meet with cessation of the heart's action, resort should at once be had to the procedure first adopted and recommended by Escalier.

It is necessary that the practitioner should be impressed with the distinction here made—i. e., that death from chloroform does not take place in a uniform manner, but that it is produced in several ways, each of which requires to be promptly met with an appropriate remedy, which should be always at hand.

Life, we know, is discontinued in persons under the influence of this article, by the cessation of the functional performance of the lungs or heart. In the former, it is produced by the medulla oblongata becoming affected to such an extent as to produce paralysis of the pneumogastric nerves, and calls loudly upon us to reduce to full practice the proverb, "Physicians never cure their patients, but keep them alive until they get well," while in the latter form, life ceases from an immediate arrest of the heart's action occasioned by the influence of the chloroform upon the blood, and affords an instance where benefit may be derived from acupuncturation of that organ.

To know that a patient is dying from the effects of chloroform, without understanding the manner in which death is taking place, and that artificial respiration has rescued some persons from a similar condition, is to know perhaps nothing that can be made available to the individual in the moment of peril.

I now also wish, in connection, to mention a circumstance, which I do not remember to have seen mentioned by writers upon this subject; it is, that ergot administered to a patient who is under the influence of chloroform or ether, does not exert that specific action which it is known ordinarily to produce, and which renders its use in the vast majority of cases so highly objectionable, viz: the continued or unceasing contraction of the uterus, to which is often assigned the death of the fœtus; but simply increases the usual intermittent or periodical contraction common to natural labor.

Thus labors, which would otherwise be protracted and exhausting, may safely be rendered much less so, by combining the use of ether and ergot; the one producing general relaxation of the soft parts, while the other, at the same time, not only secures against suspension of the natural labor pains, but renders such pains more powerful and efficient. Those who may at first be disposed to doubt the correctness of this observation, I would invite to observe candidly and repeatedly for themselves, and report the results of their own observations, that the profession may be able to determine upon the truth or the uniformity of this supposed fact.

A similar effect is obtained, by the exhibition of tartar emetic until emesis takes place, which increases the intensity of the uterine contractions, while it also produces general muscular relaxation.

Professor D. Gilbert, of Philadelphia, and myself some years since, wholly independent of each other's views, were both reasoning upon the same principle, led to the use of this article in tedious labors. In the year 1847, I prepared a note of fourteen mothers, in whom I had used this article to expedite labor, most of whom in their previous labors had experienced very "lingering times," and yet, when in those instances the antimony was taken, they were not only safely, but speedily delivered. This note I prepared at the time by request of Dr. Gilbert, for Professor Wiltbank's use, to be read before the medical class then in Pennsylvania College, in which Dr. W. then filled the chair of midwifery.

The attention, however, of the profession, has been before called to this article, by Professor G. in one of the New York Journals of Medicine.

A case of Twins, with shoulder presentation of the first child. By W. M. HOUSTON, M. D., Urbana, Ohio.

On the morning of the 3d of February last, I was aroused before daylight by Mr. T——, who informed me that his wife

was in labor, and her physician, Dr. Wood, wished me to bring some instruments and assist him in delivering the child, as it presented with the shoulder and the position could not be changed.

I proceeded to the house immediately, and on examination found the left arm protruding from the vagina, the back towards the abdomen of the mother, the head in the right illiac fossa, and the breech in the left. The patient was a small woman, this was her first confinement, and was premature by about two months. Her labor commenced in the early part of the evening before, and she had been in the condition above described for several hours previous to my visit. In attempting to change the position of the child, I found the external organs very tender, the introduction of the hand causing a great deal of pain, and at the same time the uterus contracted with so much force that it was impossible to move the child one way or the other. At my suggestion chloroform and ether were administered, and when she was completely under the influence of the mixture, I introduced my hand into the vagina, and with the index and middle fingers traced the body of the child to the groin, and by making traction at this point the hips began to descend, the shoulders passed up, and in a few minutes the child was expelled as in breech presentation.

On tracing up the cord to ascertain the condition of the placenta, my finger came in contact with a second child, offering a vertex presentation. Supposing the trouble to be now at an end, I took my departure, leaving the patient in the care of her first physician. About four o'clock in the afternoon, the husband again called with a message from Dr. W., requesting me to bring the forceps for the purpose of removing the second child. I went up immediately, and found the patient sleeping very comfortably, and the Dr. waiting with as much patience as the nature of the case would admit of.

He informed me that the membranes ruptured soon after I left in the morning, that the contractions were regular but

feeble, she had taken freely of ergot but the pains were not increased by it, and he thought the forceps should be used. In about a quarter of an hour after my arrival she awoke, and on examination I found the head had descended very little, if any, since morning. By irritating the os uteri with the finger, making traction on the cord of the first child and grasping the abdomen with the hand, the uterus was stimulated to contraction, and in fifteen minutes the child was expelled; the placentæ followed almost immediately, thus ending a protracted and complicated labor to the great gratification of all concerned.

Cases of this kind are certainly very rare; very few are reported in the books, and none of my acquaintances, so far as I am informed, have ever had the misfortune to encounter a case of this kind in their practice. Shoulder presentations are unwelcome at all times, but doubly so when complicated as this was by the presence of another child in the uterus, and any suggestions that can be made that will enable the accoucheur to conduct such cases to a favorable termination, will not be considered superfluous when he finds himself with a similar case on hand.

The result in this case shows, also, that by a little address we may sometimes avoid a resort to the use of instruments, when they seem to others to be absolutely necessary.

Hospital Reports and Reports of Cases.

St. John's Hospital, corner of Broadway and Franklin Sts. Reported by Drs. T. L. Neal and C. P. Brent, Resident Physicans.

Patrick Mc——, Irishman, aged 28: occupation porter; was admitted under the care of Prof. Mendenhall, May 25th, 1854. Patient says he was healthy and robust until about two months ago, when he was attacked with pain along the course of the

sciatic nerve, from which, with violent headache, he has suffered greatly ever since. Last night was seized with symptoms of acute catarrh, and at the same time a pain in the head. The secretion from his nose, headache, and soreness of the throat, with hoarseness, rapidly increased to the time of admission.

His whole face is now greatly swollen, the eye-lids are very much puffed out, red and painful; deglutition is performed with much difficulty. The breathing is very difficult and wheezing. The patient complains of great pain, which is referred to the larynx, and is increased by pressure upon the *pomum Adami*. The voice is stridulous, and sounds peculiarly choked or obstructed. The fauces are red, and the uvula is elongated. In short, the whole mucous membrane, from the anterior nares to the larynx is inflamed and swollen very much. The difficulty of breathing was so great, it was thought probable that tracheotomy would be necessary, unless the means to be ordered promptly relieved the patient.

The tongue is nearly clean. The skin hot and dry. The bowels are open from "salts," which the patient took last night. The uvula was clipped off for the purpose of relieving the mechanical obstruction and depleting from the part. Cold applications were made to the head, and the patient ordered to be freely leeched at the side of the neck, close to the larynx, and the following ordered as a gargle:

℞ Sulph. Cupri gr. xl.
Mel Despum. ʒi.
Aqua Fontana ʒiv.
Mix. Gargle throat every half hour.

At the same time take the following prescription:

℞ Hydrarg. Chlor. mit. gr. viij.
Potass. Nitras. ʒi.
Ant. et Potass. Tart. gr. ij.
Mix. Ft. Pulv. in chart. sex divid.
Sig. one every 3 hours.

26. Patient felt immediate relief from the application of the

leeches. The bleeding was encouraged for some time. The headache has abated, the breathing and swallowing is relieved, and the secretion from the nose is thin and vitiated this morning. Bowels are freely open, and the patient slept pretty well during the latter part of the night; pulse 88, skin still dry.

℞ Syr. Ipecac.
Syr. Morphia. aa. ʒi.

Mix. Sig. ʒi. every 3 hours, alternating with the powders.

27. Slept pretty well, and free from headache. Had severe pain along the sciatic nerve this morning. Gums are slightly touched, and the swelling and redness in the fauces are much diminished. The secretion from nares nearly absent. Tongue large, glossy and moist; skin cool, thirsty, and no appetite. Larynx still somewhat tender. A large blister was applied to nape of neck, and the powders suspended.

29. Patient feels pretty well. Bowels not moved for two days; no pain in the throat, but some tenderness on pressure over the larynx. Appetite improving.

℞ Ol. Ricini ʒi.
Ol. Terebinth gtt. xx.
Mix. Take immediately.

30. Patient complains of the pain along the sciatic nerve, for which he got a liniment of

℞ Chloroform. aa.
Ol. Olivar ʒss.
Spts. Camph. ʒi.
Mix. Rub 3 or 4 times a day.

June 5. Patient discharged well.

The points of interest in this case are, the sudden manner of the attack, which had been preceded by sciatica and pain in the head; followed by the excessive inflammation and swelling of the mucous membrane of the nares, pharynx, and larynx, which threatened suffocation. During the continuance of the severity of this inflammation, the pain in the sciatic nerve disappeared, but re-appeared slightly when it was relieved. The happy effect of prompt treatment was also gratifying.

COMMERCIAL HOSPITAL REPORT.

To the Board of Directors of the City Infirmary.

GENTLEMEN: I have the honor to submit for your consideration the following statistics of medical and surgical diseases, cures, operations, deaths, &c. at the Commercial Hospital for the year ending March 1st, 1855.

It will be seen by reference to the accompanying tables, that the whole number of admissions was six hundred and one; and that of these there were one hundred and twenty who died.

It is scarcely necessary to insist that, under all the circumstances, even this per centage of mortality is not large.

You are familiar with the character and condition of most of the patients sent into our wards, and know that many of them are so far advanced in disease at the time of their introduction here, as to admit of scarcely a possibility of recovery. If you were not already possessed of such knowledge, we might refer you more particularly to the statement, that, of the one hundred and twenty cases mentioned above, no less than *forty-three* of them were brought into the Hospital, "*in articulo mortis.*"

No doubt this comparatively large number of grave cases, results, mainly, from your custom of sending a great many patients, afflicted with the lighter and more manageable forms of disease, to the Infirmary. Had these, instead of being sent a distance of nine miles into the country, been given to us, as of right, most of them should have been, they would have served at least the purpose of greatly diminishing our relative mortality.

But, notwithstanding these and other disadvantages under which we have labored, we claim that our statistics exhibit very satisfactory results in all those diseases ordinarily deemed curable; and if we had had the benefit of one of the rules of the Pennsylvania Hospital, that "*No patient shall be admitted into the Medical or Surgical Wards, whose case is deemed to be incurable,*" we would, perhaps, have been enabled to furnish you reports as creditable as those usually is-

sued by the most excellent institution to which we have alluded.

We beg to refer more especially to those parts of our tables relating to the different forms of *fever* and *pneumonia*, and to the results of treatment as compared with last year. For example, in the report of

LAST YEAR.

Of 24	cases Remittent Fever,	4	died
Of 26	" Typhoid "	9	"
Of 29	" Pneumonia, (all kinds,)	11	"

THIS YEAR.

Of 34	cases Remittent Fever,	none	died
Of 37	" Typhoid "	2	died
Of 36	" Pneumonia, (all kinds,)	5	died

Whatever of success we have had, we attribute much of it to the ready cooperation of the steward, matron and nurses; but more especially to the excellent qualifications of our resident physicians, Drs. Woolf and Koehne, and we take pleasure in bearing this testimony to the promptness and fidelity, with which they have discharged the duties assigned them.

JAMES GRAHAM, M. D.

One of the attending Physicians at the Commercial Hospital.

CINCINNATI, March 1st, 1855.

Synopsis of cases, cures, operations, deaths, etc. at the Commercial Hospital, for the year ending March 1st, 1855.

	Admitted.	Discharged.	Died.	Remain.
Male Medical Wards.	327	231	82	14
Female Medical Wards,	120	79	28	13
Male Surgical,	120	92	8	20
Female Surgical,	34	20	2	12
	601	422	120	59

Number of Surgical operations, 125.

Proceedings of Societies.

Extracts from the Minutes of the Proceedings of the Cincinnati Medical Society, January 2d, 1855.

The Society met at the residence of Dr. Thomas Carroll. The President and Vice-Presidents being absent, Dr. Wright was called to the chair: and the minutes of the last meeting were read and approved.

As there was no paper to be read, the evening was occupied in relating cases, and discussions arising from them.

Dr. Carroll related a case of severe burn of the feet, that had been treated by keeping them immersed in cold iced water for three days. He anticipated sloughing from such treatment, but was informed that the case resulted in a perfect cure.

Dr. Walker stated that he recently met with a case of shoulder presentation, complicated with a prolapsed cord, where cephalic version was successfully performed.

He was called to see a woman in labor with her third child. She had been in pain all night, but on making an examination he found the os-uteri very slighty dilated. He left her for two hours, and on returning found dilatation to the extent of a five franc piece. The membranes were soon ruptured and a portion of the cord, about six inches in length, protruded through the os, and the shoulder of the child was found to be the presenting part, with the head and arm in the vagina.

Professors T. Wood and Marshall were called in; and in consultation, it was decided that, as the child was dead, it would be a waste of time to attempt to bring down the head, and that it was best to turn and deliver without delay. In accordance with this decision, Prof. Marshall introduced his hand for the purpose of turning the child, but instead of finding the feet in the usual position, they were thrown back on the dorsum, rendering it difficult to reach them. A disposition of the head to slide into the superior strait induced the

Dr. to try cephalic version, which to our great satisfaction was soon accomplished, and with but little difficulty. From this time the labour progressed favorably; but in consequence of some contraction of the superior strait, it became necessary to use the vectis to complete the delivery.

This woman stated that in her second labor, while she was living in Chilocothe, the hand came down first; and that her first child, born in London, was delivered after one week's labor,—several Doctors being present.

She expressed herself decidedly in favor of caphalic version instead of turning, as in the last delivery she did not suffer near so much pain as in either of the other two.

Prof. GRAHAM reported a case of a woman who had been delivered with instruments by some of the *Irregulars*. Death was the result, and he and Dr. Fries had made a post mortem examination of the body.

Post Mortem of Mrs. R——, aged 23 years,—made sixty hours after death. General appearance such as indicated that she had enjoyed good health. *Abdomen* much enlarged,—contained about a pint of serum highly colored with blood, and having in it numerous small coagula giving off an offensive odour. *Peritoneum* reddened over an extensive surface, and slightly adherent at many points. *Womb* enlarged. Its transverse diameter from five to six inches,—vertical diameter about nine inches,—average thickness of the wall about three-fourths of an inch,—nothing special observed in the muscular structure, — serous covering inflamed,—the mucous lining reddened, roughened, and softened, and on the right and lower side had in it a linear abrasion of an inch in length.

Vagina.—Lacerated at three points, each extending completely through the walls, and sufficiently large to admit readily the ends of two fingers. These perforations were all within a couple of inches of the os-uteri. They presented a torn and ragged appearance, and were undoubtedly made by mechanical violence.

Pelvis,—was denuded opposite one of the perforations in the vagina.—Genral contour regular,—each side correspond-

ing in structure with the other. Its diameters measured as follows:

SUP. STRAIT.

Ant. post., 3 1-2 inches.
Oblique, 4 1-2 "
Transverse, 5 3-8 "

INF. STRAIT.

Transverse, 3 1-2 inches.

The coxyx was moveable and the antero-posterior diameter increased by slight pressure.

Dr. ROLKER related the following case taken from Dr. Meisners reports in the Monthly Journal of Midwifery and Diseased of Women, for March, 1854. A woman who menstrated for the first time, in her 20th year, gave birth to her first child when she was 47, and to her 7th and last child in the 60th year of her life. The catamenia now ceased, but reappeared in the 75th year of her age, and continued to her 98th year, and then ceased again for five years, and came on once more when she was 104 years old.

Dr. WM. H. MUSSEY reported a case of encephaloid disease of the head of the humerus, in a boy ten years of age, for which he amputated at the shoulder joint. The wound healed up kindly, but the patient died in about three weeks after the operation, with symptoms of pneumonia. A post mortem examination was not obtained.

Dr. WALKER gave a case of complete procidentia uteri, supposed to have been between four and five months pregnant.

About five years since he was called to see Mrs. S., aged 30 years, who at the time supposed herself to be pregnant with her seventh child. Found her suffering with severe expulsive pains. She stated that she had been flooding about twenty-four hours, and that it had only ceased a short time before his arrival. The flowing had abated when the pains became active. She was much prostrated from the loss of blood, though there was scarcely any intermission of pain.

On examination something was felt at the vulva, and before the state of things was ascertained, much to his surprise

and horror, the whole uterine tumor descended through the vulva. Having had but little experience with such cases he sent for assistance, but before it was obtained he raised the clothes and made an ocular examination of the tumor. The os was the most dependent part, and was large enough to admit the finger. The tumour was covered by the mucous membrane of the vagina, and was about the size of a four month's pregnant uterus. The late Dr. P. S. Conner came to his assistance, and attempted to return the uterus to its position; the expulsive efforts of the abdominal muscles were so great that he could not succeed. Soothing emollient applications were made to the tumor, and a full dose of opiates administered. The patient was left in this situation at two A. M., and was again visited at seven, with the intention of making further attempts at reduction. But at this time it was found that the tumor was so far returned that the os could be felt between the lips of the vulva.

The Dr. remarked that in this case, he would not positively assert that the uterus contained a fœtus; but this much he would say,—that it had the size of a four months pregnant uterus,—that the woman had not mensturated for four months, and that what he had related did take place. Two weeks after this occurence the woman was taken with pain, and passed, what she said was a mass of flesh from the uterine cavity; and in six weeks from that time she again mensturated.

Dr. Wright by request of some of the members, related a case that occured some years since in this city.

Case.—A mulatto woman, at the end of the third month of gestation, sent for her physician, the late Dr. Latta. He found her complaining of a constant uneasiness in the pelvis, and a sense of weight and bearing down when in the erect position. These unnatural feelings became more and more troublesome as gestation advanced, and at about the fifth month a morbid structure was discovered attached to the neck of the uterus, and filling up nearly the whole cavity of the pelvis. At this time she could take very little exercise, on

account of the dragging sensation in the uterus and the pressure on the bladder and rectum. Pains occasionally came on threatening abortion, and it became a serious question, how delivery could be accomplished. At first the morbid growth felt like a thick membrane suspended from the mouth of the uterus, in which two or three arteries were felt pulsating. Through the centre of the tumor was a canal, that gave the idea of a contracted vagina, and in the centre of this canal, at its upper termination was the os tincæ. The tumor became more and more schirrus in character as it increased in size, until finally there was a complete obstruction of the canal except at its two extremities.

Between the sixth and seventh month the tumor had attained such a size as to protrude through the os externum. The removal of the tumor presented the only hope of a favourable issue. A ligature was applied, so as to embrace as much as possible of the tumour, which was tightened every day for five days, when the knife was used, and the tumor excised below the ligature.

By the use of anodynes the patient was kept comparatively comfortable for ten days, and at the end of this time lobor came on, and a seven month fœtus was readily expelled.

Two years after the operation Dr. W. had made an examination by the touch, and could find no trace of the morbid structure.

Correspondence.

Mr. Editor: — Your correspondent, John G. Holston, protests "in the name of religion, medical philosophy, and common sense," against the "cabalistic mysticism" contained in my letter published in the October number of the Lancet.

I am aware, Mr. Editor, that a medical journal is not the proper place for the discussion of a question of an exclusivlely theological character, and if the question at issue had not a

scientific side to it, I would feel as if I were trespassing upon forbidden ground, in offering a few remarks in reply to the criticism of Dr. H.; but I contend, sir, that science is deeply interested in the right interpretation of the book of Genesis, and indeed, of the entire volume of inspiration; for if, as Dr. H. asserts, the word of God has but one meaning, and that, *like cream floating on the surface of milk, is all on the top and easily got at*, then the man of science is not at liberty to propound any theory that in anywise conflicts with the *literal* sense of the Scriptures; and instead of descending into the bowels of the earth for the purpose of ascertaining the age of our globe and the order of its creation, he has but simply to open the Bible and find in the book of Genesis the information he so ardently desires. According to this view of the subject, he will there learn that about six thousand years ago, in the short space of six days, God created the earth and all that is therein. He will learn that light existed on the *first* day of Creation, although the sun, which is the source of light, was not created until the *fourth* day. He will learn that grass, herbs, and trees were produced by the earth on the *third* day—one day prior to the creation of the sun; and yet it is well known that the heat and light of the sun are essential to the existence of vegetable life. He will find an account of the creation of a single pair of the human race, and as there is no account given of the creation of any other, he is left to infer that all the different varieties of the human family originated from this single pair, notwithstanding, he is entirely ignorant of any circumstances, the fortuitous concurrence of which would be sufficient to transform the European into the African, or *vice versa*. He will find that the tree of the knowledge of good and evil grew in the garden of Eden, and yet common sense teaches him that this knowledge is not a vegetable production, and is never obtained by eating the fruit of a tree. He will learn that the serpent conversed with mother Eve, and persuaded her to eat of the forbidden fruit, and for so doing was cursed by God, and compelled to go on his belly over

afterward; and yet to suppose that the serpent once walked erect, and was gifted with reason and speech, is very absurd, to say the least.

These are only a few of the difficulties, contradictions, and absurdities to be encountered, on the supposition that the Bible has but one meaning, and that, *like cream, is all on the top and easily got at.*

If Dr. Holston is correct in asserting that the Bible is a very plain book and easily understood, is it not a little surprising, Mr. Editor, that so many different and contradictory creeds should be drawn from it, as is done by the various religious denominations with which christendom abounds? They all, doubtless, consider it a very plain book, and each sect is sure that it teaches just what they believe. The Roman Catholic is sure that it teaches the supremacy and infallibility of St. Peter and his successors; whilst the Protestant is just as certain that it teaches nothing of the kind whatever. The Calvanist finds the doctrines of *predestination*, *reprobation*, and *limited atonement* taught beyond the possibility of a doubt; whilst the Arminian is just as positive a *general atonement* and the *possible* salvation of all is most clearly set forth; and then the Universalist is surprised that any person of common sense can fail to perceive that the Bible teaches in the plainest terms that every son and daughter of Adam will eventually reach the abodes of bliss. The Unitarian finds that it teaches that God is *one* in person and essence; and yet the Trinitarian finds that *three* persons are requisite to constitute one God. Here we have a great variety of conflicting opinions, all professing to be drawn from and supported by the Bible. Now, if Dr. H. asserts the truth when he says, *the Bible is a very plain book, that it has but one meaning, and that is all on the top and easily got at*, how does it happen that so many different and conflicting opinions are drawn from it by men renowned for talent, learning, and piety? Can Dr. H. tell us how to reconcile this apparent paradox?

From a consideration of the above facts, I am led to conclude

that the meaning of the Bible has been and is yet very much misapprehended, and I am surprised that any man of ordinary intelligence should assert the contrary.

I have no objections to the three propositions which Dr. H. says the first of Genesis teaches him; but I do object to any man or any body of men declaring that the discovery of science are to be tested by, and received or rejected accordingly as they agree or disagree with the literal reading of the Scriptures.

In the foregoing remarks it has not been my intention to cast any reflection upon the book of Genesis, for I regard it as an inspired book; and by inspiration I do not mean that God merely *superintended* Moses while writing the book, but that he dictated the very words themselves, and Moses acted merely as an amanuensis of the Most High. We may therefore rest assured there are no errors in the book of Genesis, nor indeed in any other portion of God's Word; and if we find, as we do, that the so-called Mosaic account of the creation of the world conflicts with certain well-established facts of science, we may safely conclude that men entirely mistake the object of the book of Genesis, when they suppose it to have been written for the purpose of giving us an account of the creation of the Earth, its productions and inhabitants. If this had been the object of the Deity, there can be no doubt that the narrative would be in perfect accordance with the truths of science; there can be no conflict between the *word* and the *works* of God; the volume of nature and the volume of revelation can not disagree.

Dr. H. charges me with blasphemy, for saying the Word of God is infinite. He will admit, I presume, that God is infinite; now, by turning to the first verse of the first chapter of the Gospel by John, he will find these words, "In the beginning was the *Word*, and the *Word* was with God, *and the Word was* God." If then, the Word is God, and God is infinite; it follows as a logical necessity that the Word is infinite.

Dr. H's. *religion, medical philosophy, and common sense* may lead him to a different conclusion; if so, this only proves that howsoever *orthodox* his religion may be, his *medical philosophy and common sense*, are altogether different from anything the world has hitherto been acquainted with under those names. H.

Urbana, February 7th, 1855.

Reviews and Notices.

The Principles and Practice of Obstetric Medicine and Surgery; with sixty-four Plates and numerous Wood-Cuts. By FRANCIS P. RAMSBOTHAM, M. D., Fellow of the Royal College of Physicians, of London; Obstetric Physician to the London Hospital, and Lecturer on Obstetric and Forensic Medicine at the London Hospital Medical College; lately Physician to the Royal Maternity Charity of London, and Obstetric Physician to the Eastern and Tower Hamlets' Dispensaries; late President of the Hunterian, and Vice-President of the Pathological Societies of London. A new American edition, revised by the Author. With Notes and Additions by WM. V. KEATING, M. D., A. M.; Lecturer on Obstetrics and Diseases of Women, in the Philadelphia Medical Association; Physician to the St. Joseph's Hospital; Member of the American Medical Association; Fellow of the College of Physicians; Member of the American Philosophical Society, etc, etc. *Philadelphia:* Blanchard & Lee. 1855.

An author must be very fortunate, or rather he must be a thorough master of his subject, to produce a work on the demonstrable branches of medical science, that shall be so complete as to nearly supersede all previous works on the same subject. A large portion of midwifry is mechanical,—demonstrable,—and therefore gives room for very little speculation, or variety in the manner of its presentation. The descriptions of the mechanical powers have received no improvement by the thousands of authors that have written on them since their earliest discovery; and the infallable system of Euclid had its sacred integrity untouched for more than two thousand years. Yet it is not to be expected that any description of the modern sciences can stand long the analysing spirit of this investigating age, without undergoing some change;

for even the problems of the great Alexandrian Mathematitian have received, from it, some modifications. Descriptive Anatomy is the most perfected of all the branches of medical science, and it is rare (though we have many modern authors on this subject) to meet with one whose work is superior to all the others. The descriptions of individual organs, that have been handed down to us from olden times, are so complete and satisfactory, that modern writers can do little more than change the order of their chapters, to suit each ones fancy or caprice; like the child with its hands full of candy, cake and cheese, changing the order of its bites to suit its childish tastes—first, a bit of cake, candy and cheese,—second, candy, cake and cheese,—third, cheese, candy, cake; but what do our authors, more than the child, gain by these changes? Would not the same order if maintained of cake, candy and cheese, result in the same products of digestion, that follow the modifications in the order of bites? and what difference does it make to the student of anatomy that has thoroughly examined the organs of the body, what order he has followed, if he has not been thrown into unnatural and interrupted channels of examination? Surely, the difference is not sufficiently obvious to warrant the existence of the great variety of books that are now extant on discriptive anatomy. But once in a long period of time, some brilliant genius rears his head above the horizon of science, and illuminates and purifies every department that he investigates; and his works become types, by which innumerable immitators model their feeble productions. Such a genius we find in the younger Ramsbotham; and such a type we find in the work now before us.

This book first appeared in England in 1841, and soon became the standard authority on midwifery; and it has maintained that position undiminished in strength, by fourteen years of criticism and practical tests. It is, therefore, unnecessary for us to say more in commendation of the original English edition. This American edition is the English edition amplified, Americanized, and more fully illustrated; so it may be considered as a true presentment of obstetric science and art, as now taught and practiced both in England and in the United States.

The additions which have been made by the American editor, "refer chiefly to the inclined planes of the pelvis: generation;

signs of pregnancy; fœtal circulation; mechanism of labor; employment of anaesthetics; use of ergot; American forceps and rules for their application; views of American obstetricians on puerperal fever; Professor Clark's treatment of puerperal fever; rupture of the uterus; causes of abortion, &c."

The binding, paper, type, the engravings and wood-cuts, are all so excellent as to make this book one of the finest specimens of the art of printing, that have given such a world wide reputation to its enterprising and liberal publishers. We welcome Ramsbotham's Principles and Practice of Obstetric Medicine and Surgery to our library, and confidently recommend it to our readers, with the assurance that it will not disappoint their most sanguine expectations. For sale by H. W. Derby.

What to Observe at the Bed-side and after Death in Medical Cases. Published under the authority of the London Medical Society of Observation. Second American, from the second and enlarged London edition. Philadelphia: Blanchard & Lee, 1855.

For the want of a system of examination, the practitioner often overlooks many important elements of disease, that would scarcely elude detection, if the various organs of the body were make to pass under the review of a well trained observer, in regular order. To supply a complete system of observation for our guidance at the bed-side of the sick, is the object of this little manual. It also gives directions for the proper mode of making *post mortem* examinations; and directs the attention to many interesting points, that might escape notice, without hints from such a remembrancer.

Every young practitioner should procure this book, and early train himself, by its rules, to a thorough, systematic course of examining his patients, until such a course becomes familiar and easy to him. For sale by H. W. Derby.

History and Observations on Asiatic Cholera in Brooklyn, N. Y. in 1854. By Joseph C. Huchinson, M. D., Late Physician to the Brooklyn Cholera Hospital, Member of the New York Pathological Society, etc. New York, 1855.

We have been much interested in looking over this little history of cholera, for it differs in one respect from the "thousand and one" pamphlets that have issued from the press in the past five

years, written on Cholera, viz., it is a record of *observations*, instead of speculations. The phenomena of the disease have been carefully watched and recorded, and when death "closed the scene," a thorough post mortem examination was made, and the morbid appearance noted. In the following extract will be found, summed up, the morbid appearances met with in twenty cases :

External Appearances.—The skin in all cases, was more or less livid, but this was more marked in those that died in collapse. *Rigor Mortis* well marked—when death occurred in the algide stage, excessive.

Head.—*Sinuses* and *membranes* of the brain preternaturally loaded with fluid blood, and there was more or less sub-arachnoid effusion of clear or reddish fluid ; in one case—death from consecutive gastro-enterite—after four days' duration of severe symptoms, the arachnoid, where it passes over the sulci, was raised, by air, which escaped when the membrane was punctured. The ventricles contained an unusual quantity of fluid, less in those that died in collapse, sometimes clear, and at other times bloody. The *substance of the brain*, both medullary and cortical, was softened in one case, in which the duration of severe symptoms was twenty-five hours, and death occurred, with symptoms of cerebral congestion, after partial reaction. In the remaining cases, it was normal in vascularity and consistency.

The *lungs* were engorged with dark fluid blood, in a majority of cases, especially at their lower and posterior part. In one case, congestion, although considerable, did not exist in a corresponding degree in the other organs. In two cases the lungs were collapsed, and in some cases the surface presented spots of ecchymosis.

The *pericardium*, in three cases, contained a drachm or two of serous fluid, which was in one case tinged with blood; its surface was covered with a sticky fluid, in another. The *substance of the heart* was flacid in two, and firm in three cases, and it was engorged, in common with other organs. In one case—death in collapse—the right cavities and the left ventricle were excessively distended with fluid blood, as black as ink. This was the case in which the congestion of the lungs was not so marked as in other cases. In three cases, one of which died in collapse, fibrinous clots were found in the right cavities, with a few fragments of fibrine in the left ventricle of one subject, and a large quantity of dark fluid blood in all the cavities. In one case, the ventricles contained a small quantity of dark fluid blood, with some soft coagula.

The *liver*, in two cases, was greatly enlarged, its left lobe extending into the left hypochondrium. It was normal in two cases, and in one case its surface and substance was unusually pale.

The *gall bladder* was distended, in three cases, with dark green

bile, in one case, with a pale green fluid, and in the subject which had so pale a liver, it was distended with two gall stones, composed of cholesterine, with a neucleus of inspissated bile.

The *stomach*, in one case fatal in the algide stage, was perfectly healthy. In three cases the mucous membrane was ecchymosed in large spots, thickened, and, in one case, softened, near the pylorus. In one case, death from consecutive gastro-enterite, the capillaries were highly injected, especially towards the pylorus, giving the whole surface a bright red appearance.

Small Intestines.—In one case fatal in the cold stage, the mucous membrane of the jejenum and ileum was highly injected, and of a bright red color throughout its whole extent. It was normal in two cases, one of which died in the cold stage, and marked with spots of ecchymosis in another. In a case of consecutive gastro-enteritis, the whole mucous membrane was highly injected of a bright red color.

The mucous membrane of the *large intestines* was healthy in one case, marked by ecchymosed spots in three cases, and in one case in which death occurred in collapse, it was thickened and ecchymosed in the sigmoid flexure and descending colon.

Peyer's Glands were enlarged in two cases, in one of which death had occurred in the cold stage. *Mesenteric glands* enlarged and hyperæmia in one case.

The *spleen* and *pancreas* were usually not altered.

The *kidneys*, with the exception of the engorgement common to the other organs, were healthy in four cases. In one case, a fluid resembling pus, was observed to issue from the calices when exposed.

The *bladder* was filled with urine in one case that died of consecutive fever, empty and contracted in four cases; and in all the examinations that were made, it is distinctly remembered that the bladder was contracted and empty when death occurred in the cold stage.

The *peritoneum* was usually drier than natural, and covered, in some cases, with an adhesive fluid. In one case it is recorded, and in several others it is distinctly remembered, that the peritoneal surface of the alimentary canal presented a very pale, almost blanched appearance—a condition which has been faithfully represented by Pirogoff, in his *Anatomie Pathologique du Cholera Morbus, Tab.* 1. *Atlas. St. Petersburg*, 1849.

The condition of the *female sexual organs* was recorded in twelve cases. In five cases there was ulceration surrounding the os, with a bright red or dark and roughened appearance of the mucous membrane lining the cervix body, and fundus uteri. Sometimes the lining membrane presented the appearance of having been macerated in water. In three cases, a tenacious, bloody mucous is-

sued from the os, and also covered the internal surface of the uterus, from which it was with difficulty removed. In three cases, the canal of the cervix was marked by longitudinal fibres, the *arbor vitæ* being entirely obliterated. The *ovula Nabothi* were frequently found distended with a pearly fluid. Tne ovaries often contained watery cysts, and the graafian vessicles were sometimes filled with blood. The vagina presented an ecchymosed appearance, and in two cases, it was extensively ulcerated.

Physical condition of the Blood.—In all cases the blood was tenacious, of a dark color, with little disposition to coagulate in the arteries as well as veins. In one case, death in cold stage, the blood was as black as ink, and no coagula were found in the body; in three cases, one of which died in collapse, fibrinous coagula were observed in the heart. On exposure to the oxygen of the air, the blood gradually assumed a brighter hue, but more slowly and less deeply than normal blood: it did not coagulate spontaneously out of the body.

As to Dr. Hutchison's treatment of cholera, we find nothing new or peculiar in it, but he has made one remark on the last page that is of great value. "In the treatment of cholera we should exhibit the highest respect for the *vis medicatrix naturæ*. I would rather be deprived of all other remedies, for this disease, than ice and beef-tea."

Puerperal Fever as a Private Pestilence. By Oliver Wendell Holmes, M. D. Parkman Professor of Anatomy and Physiology in Harvard University. Boston: Ticknor & Fields, 1855.

Dr. Holmes read before the Boston Society for medical improvement in 1843, a paper under the title of "*The Contagiousness of Puerperal Fever,*" which was published by request of the Society in the New England Journal of Medicine and Surgery, for April, 1843. This paper excited considerable interest, and was extensively quoted and commented on, in flattering terms, by authors and journalists, both in this country and in Europe. Dr. H. in his paper advocates the idea of the contagious propagation of puerperal fever; and draws a sad picture, which is strongly illustrated by cases, of numerous deaths in the lying in chamber, from the disease being conveyed from patient to patient by midwifes. Dr. Meigs, in his letters to his class, comments, as Dr. Holmes conceived, rather severely and unfairly on the doctrines of this paper.

The present pamphlet is an answer to Dr. M. and contains a republication of the paper above referred to.

Aside from a personal controversy, the subject of this paper is of deep interest to the practitioner, and it should have a wide circulation.

They may be procured by writing to Dr. Wendell Holmes, or Ticknor and Fields, Boston.

Human Physiology; Designed for Colleges and higher classes in Schools, and for General Reading. By WORTHINGTON HOOKER, M. D. Professor of the Theory and Practice of Medicine in Yale College; Author of "Physician and Patient." Illustrated by nearly 200 Engravings. New York. Published by Farmer, Brace & Co. No. 4, Courtland street, 1854.

This appears to be a well selected compend of the principles of physiology, and admirably adapted to the wants of the common student and the general reader. It is written in a clear and easy style, free, in a great measure, from embarrassing technicalities; and the illustrations, which are numerous, are well executed, and may be readily understood.

As a school physiology, we have no hesitation in pronouncing it a superior work. For sale by H. W. Derby.

Twelfth Annual Report of the Managers of the State Lunatic Asylum. Transmitted to the Legislature, January, 17, 1855. Albany, New York.

Since the opening of this Asylum in January 1843, there have been admitted 4,500 patients. Of these, 1,789, were discharged recovered—55 much improved—640, improved—868 unimproved, and 511 died.

In the year 1854, 390 were admitted; of this number, 191 were females, and 199 were males. From this report it appears that the Institution is in a most prosperous condition.

Progress of Medicine.

ENGLAND.

The Pathology and Modes of Death in Diseases of the Spinal System. By Marshall Hall, M. D., F. R. S., L. & E.

LECTURE II.

Gentlemen,—As I stated at the close of my former lecture, I now proceed to bring before you the Pathology—the *living* Pathology, the Physiology,—of the Diseases of the Spinal System.

Already I have said that the spinal system is the source and seat of *the Class of Convulsive Diseases.* Amongst these, *Infantile Convulsion, Puerperal Convulsion,* but especially *Epilepsy,* take the chief rank.

Epilepsy has received a variety of designations, such as *morbus sacer, morbus Herculeus,* expressive of its formidable character. It has long been regarded as the *opprobrium medicorum.* Even Esquirol, in his excellent work, "Les Maladies Mentales," expresses himself in regard to it in the following terms:—

"Les symtomes de l'epilepsie sont tellement extraordinaires, tellement au-dessus de toute explication physiologique; les causes de cette maladie sont tellement inconnues, que," &c.

I am almost afraid, after making these statements, to say what are my own views of this formidable malady, the result of my own labors. And yet I may not withold the truth. I will therefore frankly tell you that I regard this *opprobrium medicorum* as removed for ever. I think no disease is better understood, in its physiology or pathology, since the detection and application of the Spinal System—than Epilepsy! It *consists,* in fact, of Direct, or Reflex Action, and dire Effects!

I am not blind to the many obscure points in the pathology of this and the other formidable diseases of this class. But in what department of medicine is there not much still left for the physician to discover? It is in their comparison with other diseases that I regard the inexplicable epilepsy as no longer inexplicable.

I must commence my explanation by drawing your attention to three most important physiological facts:—

If we puncture or lacerate, or otherwise injure the cerebrum or cerebellum, or the cerebral nerves of special sense, in every possible manner, we observe *no results, no phenomena,* no expression of pain, no excited movements.

The cerebral system in all its parts is, in this respect, *in*explicable.

But if we touch any part of the spinal system, and especially the spinal centre, with the point of a needle, ever so slightly, there are immediately excited muscular movements, spasm, convulsion.

The spinal system is, in all its parts—*excitor, excito-motor.*

These important facts constitute the foundation of all our knowledge of the diseases of the nervous system, and are the very source of all *diagnosis* in regard to them.

For the same facts, as is proved by clinical observation, hold in regard to the human subject.

By experiment and by observation, then, we are led to these conclusions:

No lesion of the cerebral system, limited to the cerebrum, *can* be attended by spasm or convulsion.

No structural lesion of the spinal system, short of destruction, *can* occur *without* exciting spasm or convulsion.

If, in affections of the cerebral system, we observe spasm or convulsion, it is because it is *not* limited, in itself or in its effects, to the cerebral system. Thus, congestion of the centre of the cerebral system may, as in hanging, become extended to that of the spinal system, and then spasm or convulsion supervenes.

Or affections of the spinal centre may consist in gently applied *pressure*, not in lesion of tissue, and then paralysis, and not spasm or convulsion, will be observed. Or it may consist in sudden or violent *shock*, or utter destruction, and then, I need scarcely say, that paralysis, and not spasm or convulsion, will occur. All this we have seen demonstrated by experiment; all this you will see hereafter in your observation in the clinical, and especially the surgical ward.

What a means of *diagnosis*, then, have we obtained by these simple physiological facts! How has physiology become our guide in practice!

I have thus explained to you, gentlemen, how disease of the cerebral centre may, by pressure downwards, affect the spinal centre. But another question arises: How does a disease of the spinal system, as a pure convulsive malady, affect the cerebral?—for such is the frequent event, as we observe in epilepsy.

Observe what occurs in the most *marked* cases of this dire malady. The head becomes fixed, or there is torticollis, by the action of *the muscles of the Neck*,—trachelismus; the jugular and other veins of the neck are compressed; the capilliary system of the neck, the face, the intra-cranial structures congested; the veins start, the arteries throb; the *cerebral* center becomes implicated. *All is intelligible! All is explained!*

Affection of the centre of the cerebral system is extended to that of the spinal system—the medulla oblongata—by downward pressure; affections of the spinal system are extended to the cerebrum, by *trachelismus!*

That *all* this is so, is demonstrable. That it is *always* so, is, perhaps, what I ought not, however disposed to do so, to assert. And, gentlemen, does it not constitute a beautiful specimen of the *physiology of disease?* But such is the whole of our recent views of epilepsy and of the *Class* of convulsive diseases, as observed in the clinical ward, to which I must now recur.

And first, pray observe with me an experiment or two.

I have removed the cerebral centre in this frog. Its spinal system is still most lively and energetic. I take and rub the toe between my thumb and finger; you observe the almost convulsive movements produced; I now touch the upper part of the spinal centre with this needle; the animal is thrown into the most violent convulsions!

Gentlemen, these experiments are *types* of disease; they are the types of epilepsy and other convulsive diseases.

The *first* is the type of *ex-centric* epilepsy;

The *second* is the type of *centric* epilepsy.

For the first was induced by an excitant applied to a part of the spinal system at a distance from its centre; the second to that centre itself.

So it is epilepsy; so it is in convulsive diseases generally, in the human subject! Do not these simple and illustrative facts interest you? They are of the deepest interest.

Do you not now perceive *how* dentition, and gastric and enteric and uterine irritation, may excite spasm or convulsion, even epilepsy? And do you not now perceive that ex-centric epilepsy is no more an *opprobrium medicorum* than infantile or peurperal convulsion; for that it is equally intelligible?

You see again the violent convulsion which I excite by again touching the spinal centre in this frog by this needle.

Such is the dire state of things in centric epilepsy, whether this be of organic origin, or have become organic in its course; whether it be congenital, on one hand, or inveterate on the other.

The cases of epilepsy which occur in private practice are, for the most part, of the former or ex-centric kind, and *curable*, however, for many reasons, difficult to cure. The cases which we see in the lunatic asylum, and especially in the work-house, are generally centric, and—must I not add?—too generally incurable.

Allow me to draw your attention to this *Table*. It has cost me much labor; but it contains in a page, a volume. You will find it in THE LANCET for 1850. Procure it, or copy it, and study it well. For, allow me to say, I know of no such specimen of this most interesting pathology. The *chain* of events in epilepsy and other convulsive diseases, is pursued in it, *link by link*. The *causes* are arranged in this first column, the principles and modes of treatment in this last; the *rationale*, the various stages, forms, and complica-

tions in the intermediate ones. It would occupy us too long, were I to enter into its details. I have only time for a rapid sketch.

The ex-centric causes act on eisodic nerves, thence on the spinal centre, and thence along exodic nerves, on the various muscles. Of these, few, many, or all may be affected, and the malady may be the very slightest or the very direst. Amongst the rest—I was about to say, chief amongst the rest—are the muscles of *the Neck and of the Larynx.*

By the contraction of the muscles of the neck, the veins of the neck are compressed, as I have already noticed; and the extra-cranial and intra-cranial tissues and organs become affected with venous congestion and all its consequences. Nay, I am disposed to say that, in every case in which there is such venous congestion of the neck, face, eyes, brain, it arises from this trachelismus, latent or evident. I do not wish you, however, to adopt this opinion without examination; but rather to subject it to a most careful investigation for yourselves.

By the contraction of the muscles of the larynx in laryngismus, this vital inlet to the respiration, combined, as it usually is, with *breath-struggles*, I believe the direst form of epilepsy, with its direst effects, as comma, mania, dementia, &c., to be produced.

I do not say these effects may *not* arise in cases in which there is only trachelismus and no laryngismus; but I am convinced that they are *chiefly* the effects of laryngismus; and hence they have subsided in cases in which the laryugismus has been disarmed by tracheotomy, as I shall have to state at length in my next lecture.

And now, gentlemen, you perceive in what sense epilepsy may be regarded as a cerebral disease. Cerebral in its very *origin* it can never be. It may be intra-cranial in its origin, because within the cranium there are many tissues, as the membranes, from which eisodic nerves arise, many eisodic nerves, the fifth especially, pursuing there a part of their course; and the medulla oblongata,—all which may be excited by the presence of an exostosis, a tumor, a variety of diseases. But I repeat that no disease of the cerebral centre, limited to that centre in itself and its effects, does or can produce epilepsy. Yet every day we read in medical writings of affections of the cerebrum inducing epilepsy. Shall I give you an example of this? For once I will relenquish the gravity of my subject, and present you with a specimen of modern pathology, so called:—"*I hold* (!) that the peculiar features of an epileptic seizure are owing to the gradual accumulation of morbid material in the blood until it reaches such an amount that it operates on the *brain* (!) in, as it were, an *explosive* (!) manner. In other words, the influence of this morbid matter, when in sufficient quantity, excites a highly-*polarized* (!) state of the brain," &c., &c.

If such feebleness existed alone, I would not add another word.

But I am constrained to add that this feebleness is associated in the author whom I have quoted with at least an equal degree of malignity, and in him assuredly the *odium medicum* is *not* extinct.

Exciting causes: the Spinal system; the Neck; the encephalon; such are the links of this chain of pathology. There remains another, to which I must now draw your especial attention: it is—the medulla oblongata, with its *pneumogastric nerve.*

I have already adverted to laryngismus as giving to epilepsy, and convulsions generally, its most formidable character. This form of laryngismus is *spasmodic* or *convulsive,* excited through the spinal system.

But there is another form of laryngismus. After a severe epileptic convulsion, the patient is left in a state of *coma,* or, as it may be termed, of *simple apoplexy.* This condition may prove fatal. The respiration becomes stertorous—that is, there is laryngismus. But this laryngismus is very different from that formerly described; it is less complete, but more persistent; it is, indeed, permanent; some one said, in rather familiar phrase, "The patient snores his life away." This laryngismus is *not,* like the former, spasmodic, but paralytic. It is owing to compression or congestion—an apoplectic state—of the medulla oblongata, and *paralysis* of the pneumogastric nerve, in which every branch, as well as the recurrent laryngeal, is implicated.

Apoplexy of the medulla oblongata; paralysis of the pneumogastric nerve! Gentlemen, did you ever hear of these expressions before? If, then, I *demonstrate* these things to you, you will not have assembled here and listened to me in vain.

Legallois—the illustrious Legallois—divided the pneumogastric above the origin of the recurrent. The larynx became partially closed. The breathing was *stertorous.* In a word, every phenomenon was obscured which I am about to describe to you as occuring in the coma or simple apoplexy, observed after a severe epileptic seizure.

And what do we observe? We observe paralytic laryngismus, impeded respiration, augmented apoplexy; we also observe—or rather, I have observed—*a diffused bronchial rattle,* the effect of *paralysis* of the bronchial and pulmonary branches of the pneumogastric!

Here a most interesting phenomenon presents itself. The cerebrum is not essential to *life.* How then does apoplexy, simple, cerebral apoplexy, destroy life? It does not do so. Apoplexy only destroys life when, by its congestion by downward pressure, it implicates the medulla oblongata and its pneumogastric nerve. It is by the apoplexy of this medulla and the paralysis of this nerve, that life is, in effect, destroyed!

Generally, the patient dies of paralytic laryngismus, or of laryngeal asphyxia. From this danger he is rescued by early tracheotomy.

But if tracheotomy *be* performed, but performed too tardily, the patient, however saved from *laryngeal* asphyxia, dies of *bronchial* asphyxia!

But I am anticipating the subject of the lecture of to-morrow.

There are other branches of the pneumogastric nerve—the cardiac and the gastric. The heart and the stomach participate in the paralysis of the general pneumogastric.

The observant physician will observe palpitation as a symptom in some cases of epilepsy. This is explained by excitement of the cardiac branches of the pneumogastric.

In other cases, there are hiccup, eructation, acidity of the stomach; the effects of the excitement of the gastric branches of this composite nerve.

As in these cases there is morbid *action* in the heart and stomach, so in deep epileptic coma there is *failure* of the powers of these organs.

The pneumogastric nerve is not more involved in epilepsy than in other convulsive diseases. All the phenomena just described as observe in the former, are again met with in the latter, only, of course, modified by the exciting causes, and the conditions of age and sex.

In infants, there is the same or similar action of the muscles of the neck, and of the larynx and respiration. In puerperal convulsions the symptoms are identically those of epilepsy.

There is a form of epilepsy which I have not yet noticed. It is the *epilepsia syncopalis*. The patient, instead of turning purple, turns pale and ghastly. Sometimes this syncope is *fatal!*

So it is in the laryngismus stridulus of infants. The little patient not unfrequently dies suddenly—too suddenly to be the effect of asphyxia. The case is cardiac, syncopal.

Both these cases are affections [*shocks?*] produced through the medium of the pneumogastric nerve.

But, gentlemen, you remember that I spoke in my lecture of yesterday, of a *lower* medulla oblongata, and of a *lower* analogue of the pneumogastric. These, too, are influenced by the convulsive seizure.

The laryngismus stridulus is frequently excited by enteric irritation. This is also frequently attended by fret of the bladder.

Epilepsy is frequently induced by enteric and uterine irritation, and is sometimes attended by involuntary evacuations of the bladder, rectum, &c.

The urine is frequently morbid in both cases.

There is something in all this *analogous* to the modes of action of the medulla oblongata and the pneumogastric nerve.

It is obvious that both these portions of the nervous system form ONE. Both are liable to be affected in one and the same convulsive seizure.

Perhaps the *lower* portion of this system is most clearly isolated in what relates to *Obstetrics*. To excite the cervix uteri is frequently to excite abortion. To excite the cervix uteri during parturition is to excite the uterine efforts. But to excite the cervix uteri during parturition is, also, frequently to excite a puerperal convulsion! These are facts familiar to every experienced practitioner. They are *proofs* that "a meddlesome midwifery is bad."

Other facts of the same kind are constantly elicited in practice: to excite the rectum, by the pressure of the fingers backwards, excites uterine action; and it is well known that the excitemen t cf the internal surface of the uterus by the hand, introduced in certain forms of hæmorrhage from inertia, excites the uterus to energetic contraction.

All this is accomplished through the *lower* medulla and its analogue of the pneumogastric.

I think that a subject very inscrutable hitherto will receive elucidation from these studies—that of sterility, inertia of the uterus, &c., &c.

The influence of the nerves and passions, with their course of action, their seat and their destination, their physiological and their pathological relations, forms also a most interesting subject of inquiry—a subject, however, to which I can only slightly allude on this occasion.

One point I wish to notice, in conclusion. I have, I trust, in unravelling the mystery of epilepsy, removed one of the *opprobria medicorum*. I hope, in my lecture to-morrow, to rescue this malady from the domain of *empiricism*, whether within or without the ranks of our profession. (To be Continued.)

Preserved Meat Juice.—In the Edingurgh Monthly Journal, under the head of "Notes and Observations in Medical Practice," by Robert Christison, M. D., Professor of Materia Medica, in the University of Edinburgh; the following observations are made on meat-juice; an article of diet, that is now much prescribed by the medical men of Scotland, for the use of invalids and convalesants. We are not aware of the article having been introduced into our market, but we have no doubt, its manufacture would be profitable to any one who would engage in it, and that it would be a valuable addition to our means of treating invalids.

This substance is the pure juice of beef, preserved in the way in which meats and vegetables are now so extensively preserved in the fresh state, for store provisions. The mode of preparation is as follows: Cylindrical cases of tinned iron are filled each with six pounds

and a half of beef; and the lid is soldered on, but with a hole about half an inch in diameter in the middle of it. Two trays of such cases are shoved into iron retorts, analogous in form to retorts for gas-making, but double-cased, so that steam may be introduced into the interstice around. They are thus subjected to a heat of 220° under steam pressure, for about three hours; by which the beef is partially cooked, and, being thus also made to contract strongly on itself, squeezes out a portion of its juice, amounting to a few ounces from each tin. The tins are then drawn, the juice is poured out, and the meat. with certain additions, is subjected to the preservative process. The juice, after being cooled and entirely freed of fat, is put into small four-ounce tin cases. Each of these has a small aperture at one end, which is secured with solder, after the juice is poured in. The tins are then subjected, on trays, to a temperature of 220° in a muriate of lime bath. On being removed, the solderer rapidly touches with his iron the solder on the top, which giving way, allows steam to rush out forcibly and carry with it the air in the upper part of the interior. But the time he has thus swiftly passed over sixteen or twenty tins, the first is ready for being re-soldered by a similar dexterous application of his iron, which then in succession as quickly secures the whole open and steaming apertures. The process of heating in the bath, tapping, and re-soldering, is then repeated a second time, to make sure of the thorough expulsion of every particle of air. The tins finally are painted to preserve them against rust.

The process is most perfect. I have repeatedly opened tins eighteen months in my possession, and stated to have been many months in store when I got them, and in every instance the contents had the rich delicate aroma and taste of fresh beef-juice. Sometimes the taste is slightly resinous or soapy, in consequence of a little resin having obtained admission in the operation of soldering. But as this does not occur often, the impurity may be avoided with due care. The juice may be taken with relish in small quantity, either cold or warm, in its concentrated shape; but it is rather strong to be used without dilution. When diluted with three times its volume of boiling water, and duly seasoned with salt and pepper, it makes a more palatable beef-tea than any which can be made in the usual way. Sometimes, indeed, a patient will be found to prefer the ordinary sort, either because the preserved juice has unluckily been resinous, or on the principle that leads some people from the plains of England to prefer hard water to the pure mountain springs of the primitive districts of Scotland, viz., because they are not accustomed to the finer sort. But this is not the general fact; and there can be no doubt that the preserved meat-juice makes a most palatable beef-tea, and an equally eligible basis for many soups.

UNITED STATES.

Case of Vaccina and Variola Simultaneously Running their Course and Modifying each other. By J. N. Schoolfield, M. D., Late Physician to the Marine Hospital, Norfolk.—This case probably possesses interest enough to make its publication desirable.

Russell Johnson, aged 20, was admitted into the marine hospital, near Norfolk, while under our charge, on the 12th day of January 1851, with gonorrhœa. The small-pox prevailing in the house at that time, and he not having been previously vaccinated, some vaccine matter was introduced into his arm, on the next day. Up to the 21st, eight days after the operation had been performed, at which time he was discharged from our sick list, there was no sign of the vaccination proving successful.

On the first of February, he was re-admitted, having about his face a variolous eruption. On examining his arm, we found the vaccine pustule beginning to fill, and having such an appearance as we would look for on the seventh day, though eighteen days had elapsed since the introduction of the matter.

February 2d. The pustule presents the characteristic marks of the eighth day. The variolous eruption is in its third. It is very thick about the face, but scattering about the arms; no fever.

3d. Pustule fully developed. Areola perfect. The small-pox pustules very irregular. Some are filling while others are just making their appearance. Constitutional symptoms slight.

4th. Pustule distended with matter. The areola has disappeared. The eruption about the face very thick, but irregular in its development. Some of the pustules on the face are dessicating, while others on the arm are only to be felt beneath the skin. Face much swollen. Ptyalism, and some fever.

5th. Pustule beginning to scab; eleven days having elapsed since it showed itself. The small-pox eruption, though only in its sixth day, is drying up on the face, in patches; that on the breast and arms, in some places is but beginning to fill, whilst in others, it is just making its appearance; fever, sore throat and much ptyalism.

6th. Pustule as yesterday. Eruption maturating rapidly over the face, and filling on the breast and arms.

7th. Pustule not yet dessicated. Eruption as on yesterday.

8th. Maturation going on rapidly. The face is entirely scabbed over, though the eruption is only in its ninth day.

9th. Pustules on the arms and legs shrinking. From this day the symptoms gradually improved and the patient recovered.

In this case there are several points deserving attention. The first is, that in the same individual we have three specific diseases existing at the same time—gonorrhœa, vaccina and variola. The second fact deserving notice, is the length of time which elapsed

after his vaccination, before the system gave evidence of its presence. The operation was performed on the 13th of January, and yet the vaccine pustule had all the appearances of the seventh day, on the 1st of February, eighteen days after the introduction of the matter. It is also worthy of remark, that the small pox eruption was cut short in its course—that maturation over the face anticipated its regular course three or four days, and that the eruption on the legs and arms aborted without filling.

We have no doubt but that the case was materially benefitted by the vaccination. From the quantity of the eruption, we should have expected much constitutional disturbance, but such was not the case. He only had slight fever one or two days, and at no time suffered with his head or back.

Editorial.

Michigan University—Medical Department.—We learn that a bill has passed both branches of the Legislature of Michigan, requiring the Board of Regents to establish a chair of Homœopathy in the above Institution. This is just as we expected. Science and politics, in these latter days of "progress," do not do to be too closely wedded. The one is inductive, pure, elevated and true; the other is radical, superfical in its ideas of "progress," and often destructive of the best interests of science. There are, occasionally, honorable exceptions. We hoped at one time that the Michigan University would prove to be one of these exceptions. Recent developements, however, taught us to fear. In a late number of the *Peninsular Journal*—the organ of the school—we were pained to see a laudatory notice of an "Eclectic" publication, the Editor in the fulness of his benevolent heart, advising his professional brethren to,

> "Seize on truth wherever found,
> On foreign or on native ground."

This review was, throughout, apologectic of irregularities in medical science, and written in the spirit of a literary demagogue.

Following close on the heels of this, comes the announcement that a chair of Homœopathy is to be established! Was the above review a foreshaddowing of this new professorship? Now that the

ideas of the Michigan Legislature are becoming *enlarged*, we may expect soon to hear of an additional chair of Hydropathy, then one of mongrel electicism, and finally a *woman professorship!* This will consummate the work of humbug and disgrace.

We very much dislike to have occasion to allude to this unfortunate move of the Michigan Legislature. The Faculty doubtless numbers some respectable men in its corpse of teachers; but of course no honorable man will continue to maintain his position in such an association. The result will be that the Institution will be sold to *quackery*.

"*Dr. Hunton's Yoke Splint.*"—Some months since, a man called at our office, having the following described splint for sale. It appeared to be well calculated to fill all the indications in the treatment of a fractured clavicle; and, what is most to be desired, it is but little liable to displacement after it is once fairly adjusted. The exorbitant price asked for the instrument, and the label pasted on it giving the date of the patent, and extravagantly praising its virtues, detered us from making the purchase and giving it a trial. We transfer Dr. Hunton's communication on the subject to our pages, from the New Hampshire Journal of Medicine; that the profession may give "honor to whom honor is due."

"*Dr Hunton's Yoke Splint.*"—On the 13th of November, 1830, I caused to be made a splint, somewhat in the form of the sap yoke used by the makers of maple sugar, which I applied to Henry Allard of Johnson, Vt., who had fractured the cervix scapulæ; I have had two made since for fractured clavicle.

Some two years after inventing the above splint, my son, Sylvanus Hunton, then a student at the Vermont Medical College at Woodstock, described my splint to Dr. Willard Parker, who had one made which he presented to his class with his approbation.

In December, 1851, I first published the following description of the splint in the "New Jersey Medical Reporter:"

"A Description of Dr. Hunton's Yoke Splint, by Ariel Hunton, M. D. I propose to give you a description of my yoke splint, which I think will be acceptable to the Faculty. Twenty-one years ago last November, eighth day, at eve, I was called to a Mr. Allard, in the town of Johnson, and was informed that he had dislocated his arm at the shoulder. I looked at the patient, and saw the usual depressions in dislocations of the part. I placed my fingers on the deltoid muscle, and perceived the soft yielding usual

in such cases, but did not examine thoroughly, as I ought in any similar case; but pronounced it a dislocation and prepared to reduce it. When I raised the arm I felt and heard a crepitus, which corrected my diagnosis. In order to avoid exposing my carelessness, I did not enlighten my assistants, but called for rags and bandage, made a pallet of the rags for the axilla and the figure-of-eight bandage, and dressed it (as I supposed,) *secundem artem.* I am thus minute, that all may see the propriety of thorough examination, before expressing an opinion.

I returned home in the evening, three miles, reflecting—this is not the best way to dress a fracture of the cervix scapula. After retiring to bed, I could not sleep, but pondered three hours by the clock, on the fracture I had lately done up, and thinking there is a better way. The thought at length came into my mind to use a splint resembling a sap-yoke; I ruminated until I became satisfied that *this* mode would be preferable to any other I had seen.

The next morning I visited my patient, procured a mechanic, and had him adjust a splint according to my direction. Have it made to sit easy on the shoulders, stuffed or lined with cotton batting, the length to jut a trifle beyond the shoulders, with a pin near the ends of the splint. Firstly, apply the splint to the shoulder, then put a double kerchief under the axilla of the sound arm, and tie it over the splint, the pin keeping it in place.

The next step is to tie another kerchief under the fractured arm, and bring the top of the shoulder in contact with the splint; place the arm in a sling, and confine it to the side, and the work is done and well done. There are no tight bandages, or unyielding, tight fitted splints, to cause swelling or inflammation. Lotions or any other applications are seldom required.

This split is as well adapted to fracture of the acromion process or clavicle, as for the cervix scapulæ. If either of the fractured ends of the clavicle protrude upwards, which is usually the case, lay on a compress, and cause by the splint, the pressure required. If extension is required to keep the clavicle in place, insert a small kerchief or a piece of webbing in the axilla, and tie it outside the pin, on the end of the splint, and make the extension which is necessary. I have used this splint twenty-one years with success, and satisfaction to myself, that it is the best apparatus for these fractures. Soon after making and applying my first splint, I sent a description of it to Professor Parker, then connected with the Woodstock School of Medicine. He procured one, presented it to his class and recommended it as the best apparatus for these fractures.

I wish it known as "Doctor Hunton's Yoke Splint."

Hyde Park, Lamoille Co., Vt., Dec. 1851.

In July, 1854, a gentleman called at my office and presented me

two Yoke Splints (a large and a small one) which he offered to sell me for fourteen dollars. I informed him I was the *inventor* of those splints, read to him the foregoing description from the "Reporter," and declined purchasing. They were patented by some individual in July, 1853.

On the 25th of October last I presented one of my splints to the Vermont Medical Society then in session at Montpelier, and requested an investigation of my claim as the original inventor.

A committee was appointed by the President, consisting of Drs. Clark and Spaulding, who reported as follows:

"The following resolution was adopted by the Vermont Medical Society, Oct. 25, 1854;"

"*Resolved*, That the Yoke-Splint, exhibited by Doct. Hunton for the treatment of fractures of the Clavicle, neck of the scapulæ and acromion process, is an improvement in Surgery, and that Dr. Hunton is in our opinion the inventor of the same, and is entitled to the credit and benefit of the invention.

C. M. RUBLEE, *Secretary*."

I take this method to inform the *Faculty* of the United States, that they are at full liberty to use my splint *at will*, requiring no other reward than their friendly wishes.

ARIEL HUNTON, A. M., M. D.

Hyde Park, 12th Nov., 1854.

Resection of the Elbow Joint.—Dr. Henry H. Smith, gives a report in the Medical Examiner, of a case of diseased elbow joint, from which he removed the olecranon process of the ulna, and both condyles of the humerus, together with the head of the radius.

The patient, a boy aged 16, soon recovered without the occurrence of any unfavorable symptoms, and with the enjoyment of the the power of flexion and extension of the arm, and pronation and sapination of the hand.

This operation, says Dr. Smith, is the sixth resection of the elbow, that has been performed in this country, and in each case no serious symptoms supervened on the operation, and the patient was relieved of the exhaustion, and suffering attendant on the disease, besides obtaining a comparatively useful limb.

Removal Of a portion of the Lung.—In the same journal, Dr. Hale, of Minersville, Pa., reports a case of an Irishman, who was stabbed between the ribs; and the lung protruding through the opening, a piece of it, six inches long and two and a half in diame-

ter, was excised. "On the second day, Dr. Hale found him in a favorable condition, *and on the sixth day he walked five miles to visit his physician, suffering in no manner from the loss of a portion of the lung.*

An Irishman is very apt to die if he is stabbed that bad in Ohio; but perhaps cutting of the lung saved his "sowl" that time. With us they stand wounds of the scalp much better than those of the lungs.

There is one singular phenomenon mentioned in connection with this case, that we would like to have explained by Dr. Hale, or by Brother Hollingsworth, for such an occurrence is never seen in this latitude. Dr. H. when he first saw his patient, found him sitting up with six inches of lung hanging from the wound, and so constricted that it could not be returned to the cavity of the chest. In this condition the Dr. says, "*there was no cough or difficulty of breathing, but on taking a full inspiration the protruded lung became filled with air.*" We would respectfully enquire, upon what principles of philosophy, or of pneumatics, was that protruded lung filled with air, every time the Irishman took a full inspiration?

☞ Our subscribers are requested to notice the fact, stated in the prospectus for the Lancet, that in every case the journal will go FREE OF POSTAGE to them, as soon as the subscription money is paid; so, gentlemen, by sending in your dues early you will confer on us a great favor, as well as save a considerable expense for yourselves.

We would also invite attention to our premiums, offered for the largest club lists that may be sent in by the first of April. We have already received several clubs, but none are so large as to discourage further competition.

Although we prefer subscriptions to commence with the year, it is not required as a rule. A subscription may begin with any month that the subscriber designates.

Mineral Acids in the Nausea of Pregnant Females.—An anomalous writer for the peninsular Journal of Medicine, recommends the use of dilute sulphuric, or nitric acid, as a very certain remedy for that distressing nausea, and vomiting, which so often annoys pregnant females. He has used both these acids, indifferently, with uniform success.

Miscellany.

Poetry.

The following Ode was written and read by our colleague Dr. LINTON, at the supper given to the National Medical Association, at its last meeting in this city..—*St. Louis Med. & Surg. Jour.*

This earth had once a set of plodding fellows,
  Compared with those who walk its surface now,
Two of them were required to blow a bellows,
  And one to hold each handle of a plow,
They had no gas lights, banks, or paying tellers;
  To *statu quo* they sure had made a vow,—
    Reposing in a sort of lazy dignity,
    And viewing all things with a bland benignity.

They traveled in slow, terrapin-like stages,
  In wagons, or rude boats with tardy oar;
They hunted, fished, or toiled for scanty wages,
  And never went upon "a strike" for more;
Ambition *hybernated* in those ages,
  And men were satisfied with little lore.
    Few in that night of time, did vigils keep;
    The rest indulged in intellectual sleep.

It took a month to cross a narrow ocean—
  A week to send a letter o'er a shire;
Motives were weak, and there was little motion;
  The son walked in the footsteps of his sire,
Unstartled by a single "Yankee notion."
  Few did to objects bold and grand aspire;
    And he was looked upon as quite a rover
    Who made a trip from London down to Dover.

But lo! a change! Ambition's nap is o'er;
  Awakening Genius leaves its kindred sleep;
Roused, man from Nature wrests her secret power,
  Nor suffers Isis her dark veil to keep.
To him the elements yield up their dower,
  And pliant lightnings on his errands leap;
    With steam and telegraph—those powers sublime—
    He triumphs over matter, space and time.

A thousand steamers plough the heaving main,
  Defiant of its tempests and its waves,

In search of conquest, glory and of gain—
  Startling the briny monsters in their caves,
A thousand fiery coursers sweep the plain—
  Man's iron lunged and never-tiring slaves;
    A thousand whispering wires—the age's wonder—
    Speak forth his mandates in diluted thunder.

Man's triumphs who shall limit? will not he
  Subdue volcanoes to perform his will;
To turn the wheels of engines yet to be
  The master products of Titanic skill?
Will not he drag from out the Northern Sea,
  Icebergs, to cool the tropics, and fulfil,
    All that progressionists have ever taught,
    And e'en transcend the wildest flights of thought?

Will he not ride the tempest's wings as clouds,
  And sweep to all the goals of his devotion?
Will he not visit distant climes in crowds,
  Scorning the tardiness of earth and ocean?
May he not yet construct electric shrouds,
  And magnets graded to celestial motion,
    With which to rig and guide some strange balloon,
    That shall make weekly visits to the moon?

The world has progressed—what of the physicians?
  Have they gone forward with the march of ages—
Have they advanced in all their grand divisions,
  Surpassing all their venerable sages?
They have—and we could note the vast additions,
  Which mark their progress in its various stages.
    We Doctors, more than other men, aspire,
    Besides, in starting, we were *rather higher*.

Hippocrates and Galen were above
  All of the Greeks and Romans of their time
Assimilated to the immortal Jove,
  By benefactions reaching every clime;
And down till rolling years shall cease to move,
  Their names shall be as bright as in their prime.
    The memories of the Cæsars may decay,
    But theirs are shrined in everlasting day.

Along the past horizon cast your eyes:
  There shine a Celsus, Rhazes, Averhoes—
Our stars of science deck the midnight skies,
  That shrouded Earth's lost empire in its woes,

And brighter still a galaxy doth rise,
Where star on star with radiant splendor glows:
There shine Morgagni, Haller, Boerhave, Stahl,
And others that would take the night to call.

But more of them at random let us name,
Van Swieten, Sydenham, and Ambrose Pare,
The Hunters, Gregories, Bells—twin stars of fame—
And there are Cooper, Dupuytren and Larrey,
And Lisfrance, who an equal rank doth claim;
And bright as any in that dome so starry,
Are Rush and Physic, whom our glorious nation
Has added to the brilliant constellation.

A crowd of worthies throngs this hall to night—
Full many a Boerhaave meets the enchanted view,
Full many a Pare beams upon the sight,
And crowds of Hunters are around us too,
And Rushes, strong in intellectual might,
And Broussais, bright as Paris ever grew:
Alas! my humble muse has not the power
To chant the triumphs of this festal hour.

Nor can she do full justice to the story
Of what our science for mankind has done;
Its brows are wreathed with never fading glory
On the wide fields of mind's arena won;
And though its locks with centuries are hoary,
'Tis stronger than the morning it begun;
It has a God-like mission to fulfil,
And with it brings to men on earth good will.

Dropsy—Diuretic Wine.—M. Grand, phermacien, publishes in the Repertoire de Pharmacie, for June, 1854, the following formula for diuretic wine: sliced bulbs of squill, eight parts; powdered digitalis, eight parts; canella, twelve parts; acetate of potassa, fifteen parts; Madeira wine, five hundred parts. Macerate for eight days and strain. The dose is half an ounce which may be increased to a wine glassful daily.—*Vir. Med. & Surgical Jour.*

Herpes—Ointment.—Dr. Quintanilla announces in the Bulletin de Medicina, that he has succeeded in curing a large number of obstinate herpetic eruptions by the following ointment: ℞. Of powdered cinnabar, 4 parts; sublimed sulphur, 2 parts; laudanum, 2 parts; fresh butter, 32 parts; with a few drops of essence of mint. The diseased surface should be carefully cleansed with warm soap water thrice daily, and then covered with ointment.—*Ib.*

OBITUARY.

[The following biographical sketch of the late Dr. P. S. Conner, was read in the Cincinnati Medical Society, by Dr. M. B. Wright, and is published by order of the Society.]

Died, on Wednesday, September 27th, 1854, Dr. P. S. Conner, in the 41st year of his age.

Dr. Phineas S. Conner was born in Newberryport, Massachusetts, on the 22d of August, 1813. His health was exceedingly delicate from infancy, and he was subject to attacks of asthma during the months of August and September, from that period until his death. At the age of four years, he lost his father, and his mother early decided that he should be a physician. For this end he applied himself to study, and at sixteen was fitted for College; but owing to limited means concluded to devote himself at once to the study of Medicine.

His first preceptor was Dr. Whiting of Haverhill, Massachusetts, with whom he remained one year, and during that time attended a course of lectures in Boston. He then went to South Berwick, Maine, where he was for six months in the office of Dr. Trafton of that place. At the expiration of this period, he concluded to pursue a collegiate course, and again went to Exeter Academy to review his studies preparatory to his admission. In September, 1831, being then eighteen, he entered Dartsmouth College in Hanover, New Hampshire, and continued there four years, attending the medical lectures delivered by Dr. Mussey, in the institution, in connection with his other studies.

During his stay in Dartsmouth, he became connected with the Congregational Church at Hanover, and was ever a consistent Christian. After leaving College, he resumed the study of Medicine, with Dr. Spofford of Newberryport, Massachusetts, and in the winter of 1836, went to Philadelphia, Pa., to attend the lectures of the Jefferson Medical College. He continued to reside in Philadelphia, at the Philadelphia Dispensary, until the close of the lectures in the Spring of 1837, when he graduated. He immediately commenced the practice of medicine in West Chester, Pa., and was married in July, 1837, and remained in West Chester, with very flattering prospects, until 1841, when business induced him to remove to Camden County, North Carolina.

On account of bad health of himself and family, he was compelled to seek a new home, and came to Cincinnati, his health though poor for a year, steadily improved. Being an entire stranger, acquainted with but one family, he was compelled to begin life anew, and commenced with the young physician's lot. His collections during the first year amounted to one hundred and fifty dollars only, yet he never wavered in his choice of Cincinnati, but felt that time would bring all right.

Dr. Conner was fortunate enough to win the confidence and esteem of all that knew him, and the love of all who were intimately connected with him.

His loss is not felt alone by his friends and patients in this community; but in all sections of the country, there are those to mourn that one so good and kind and loving should have gone down to so early a grave. For eight years he was connected with the Vine Street Congregational Church of this city, and the remainder of his life with Christ Church, (Episcopal.) During his entire residence in Cincinnati, he was one of the Directors of the Young Mens' Bible Society, in which he ever took a most lively interest His sympathies were always with the unfortunate and poor, and *very very* many have expressed themselves, that in Dr. Conner they lost not alone a skillful physician, but a personal friend and kind adviser.

Dr. Conner never shrank from any path of duty that presented itself, and though attentive, active, and energetic in the prosecution of business, by thorough system, he found ample time to attend to all demands made upon him, whether of a public or private character.

His oft repeated prayer was granted to him, that he might be useful in his day and generation, and that his influence might be good over those with whom he associated.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.

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Stomatitis Materna.—A Dissertation read before the Hendricks County Medical Society, Jan. 16th, 1855. By DAVID HUTCHINSON, M. D.

Mr. PRESIDENT.—It would be in vain for me to conceal that I feel deeply sensible of the honor conferred on me, in being permitted to become a member of this Society, and in being so early called on to address you, on some important topic in medical science; and, although I feel my inadequacy to the task, yet I rejoice that I am not addressing those whom I regard as rivals, but as colleagues and allies, engaged in one great and noble crusade against disease, pain, and death. Similarity of tastes and pursuits produce the most ennobling and endearing friendship; men of science become knit to each other by the most endearing ties, and he that in our profession, strives only how to convert the smallest amount of labor into the greatest amount of gold, is unworthy of a place and a name in our ranks. It is a matter of congratulation, that the asperities that have heretofore existed among medical men, in this country, are fast becoming numbered among the things that were. I rejoice that the time has come that the members of a noble and heavenly calling can meet each other, in a meeting like this, and interchange thoughts and

views, and greet each other in pure and lively friendship, and again go forth, to the bed-side of the sick and dying, to alleviate pain and battle with the grim monster.

But an address before a medical society is expected to be practical, and therefore I approach my subject. A subject which to many of us is rather new, and which has been supposed to be peculiar to this country, though erroneously so. It has been styled Stomatitis Nutricum, by Bell, Stomatitis Materna, by others, nursing sore mouth, &c. Dr. E. Hale gave a description of it, in 1830, to the Boston Medical Society, and Dr. Bakus in the American Journal of Medical Sciences, in 1841. Since that time there has been frequent sketches and short essays published from time to time in the medical journals of the United States. Of late the disease has become more frequent, more closely observed and better understood, yet it is not mentioned by our systematic works on obstetrics, or the diseases of females. Our text books on the practice of medicine treat of it but briefly and rather imperfectly. The best discriptions of the disease are to be gathered from the journals. During the last four years several essays and sketches on the disease have been published in them, the writers of which are eminent men in the profession, as Brainard, and Evans of Chicago, Byford of Evansville, Shields of New Albany, and Hubbard of Ashtabula Co., Ohio. The discription given by Bell and by Wood, in their works on the practice of medicine, are principally taken from the papers of Hale and Bakus. The best discription that I have read is by Dr. Byford, in the American Journal of the Medical Sciences for 1853. He makes three varieties of the disease, taking the affection of the mouth as the basis of his nosology, and as he describes the affection of the mouth very accurately I shall copy his description.

The first is the most simple variety, so far as local symptoms are concerned. It is characterized by superficial, and often diffuse inflammation of the mucous membrane of the mouth, which may be confined to a small part, as the lips or end of the tongue; or it may spread throughout the whole

cavity of the mouth and fauces. The parts upon examination are found of a scarlet red color, and dry, but as a general thing not much, if at all, swollen. This appearance may be of transient duration, lasting probably only for a few hours, more generally for several days, when, in a great many instances it completely subsides, leaving the patient, to all appearances, quite well, with the exception of a little debility, to be again renewed in a longer or shorter time, when, again, the inflammation will run a similar course to the first paroxysm. The paroxysm generally begins with a scalding sensation in some part of the mouth, which extends to the fauces and æsophagus, and a scalding or burning sensation at the epigastrium. Mastication and deglutition are painful; warm fluids cannot be born, and there is generally a copious discharge of hot, burning saliva. The paroxysm generally subsides suddenly.

Second variety.

In the second variety there is, in addition to the diffuse inflammation of the mouth, a crop of vesicles, or aphthae, scattered over the whole or a part of the inflamed surface. They are often clear or transparent, and are easily overlooked. They generally last eight or ten days, and sometimes longer, to be again reproduced, unless the condition of the nutritive organs are corrected.

Third variety.

Dr. Byford's third variety I have never seen. He describes it as concentrating the whole force of the paroxysm, either on the side or inferior surface of the tongue, beginning by a fissure, gradually leaving an ulcer, or from a hardened tubercle, or from the bursting of a vesicle, or simply from an inflamed point, which by rapid ulceration destroys the substance of the tongue, until a ragged notch half completes its amputation. It suddenly ceases, the cavity granulates, fills up and heals; but the organ is left distorted. And yet, notwithstanding this fearful ulceration, this variety is less dangerous, and affects the constitution less, than either of the former varieties. I have seen large and deep ulcers on the side and under part of the tongue, but they never proceeded to the same extent as here described.

It would be fortunate if the disease would confine its ravages to the mucous membrane of the mouth, fauces and æsophagus; but we find that it attacks all the mucous surface of the body, and produces inflammation and ulceration in organs important to the continuance of life, travels through the whole extent of the alimentary canal, and produces ulcerations of its coats; seizes on the mucous membrane of the larynx, trachea, and bronchia, and awakens into action fatal disease of these organs, and of the lungs; follows the nasal passages into the different cavaties of the skull and maxillary antrum, and induces permanent inflammation there. It has been known to travel through the eustachian tubes to the cavity of the tympanum, and thence to the mastoid cells. Dr. Byford says that he saw a case where permanent deafness of one ear, and exfoliation of bone, from the mastoid process occurred. It also attacks the mucous surfaces of the vagina, as detailed by Dr. Brainard, in the second volume of the N. W. Med. and Surg. Journal, page 300. Two of my cases had ulcerations of the vagina, being of such a distressing character that they urgently demanded relief, occasioning much pain and smarting during urination. Other cases have complained of painful micturition, though not to the same extent. Dr. Brainard's cases show the migratory character of the disease, and it is to be regretted that this affection ever got the name of stomatitis, as the affection of the mouth is but one of the pathological conditions that obtains.

Topography.

Dr. Abercrombie, in his invaluable work on the Stomach and Bowels, relates a case under the head of a modified form of chronic inflammation of mucous membrane, which, from the description, was undoubtedly running some months. The case is very clearly reported, and on account of the accurary of the symptomatology, showing that it is a disease of mucous membrane, and as it exhibits the topography of this affection in nearly all its localities, I shall quote it entire. It is 115 case, page 356, 2d ed., and is as follows

A lady, aged 30, came under my care in the spring of 1830, affected in the following manner. She had a remarkable tenderness of the inside of the lips, the tongue, and the throat, a constant discharge of saliva, a burning uneasiness of the tongue, throat, breast, and stomach, and great uneasiness in swallowing, and for some time after it. She had a constant tendency to diarrhea, and a feeling as if food did not remain in the stomach, but passed almost immediately through the bowels. There was some cough, with frequent pulse, great debility, and increasing emaciation. The throat appeared raw and a little inflamed; the edges of the tongue and the inside of the under lip were exocriated, and covered with small ulcers having inflamed margins. There was also a painful excoriation about the anus and the labia. The complaint was of three months standing, and had begun while she was in the puerperal state, in England. A variety of treatment had been employed without benefit; she became emaciated to the greatest degree; the diarrhea became incessant, with much pain, and a feeling as if every thing she swallowed passed through her immediately. She had no relief but from large opiates, and that relief was but slight and temporary. When the case appeared to be hopeless, she began to take a decoction of logwood—one oz. to one lb.,—a wine glass full four times a day, combined with a small opiate. From this time she recovered daily, and in two or three weeks was in perfect health.

This case exhibits clearly the topography of this affection. It attacked the mucous membranes of the mouth, stomach, and intestines; even to the extremity of the anus, and also the labia and the mucous membrane of the air passages; and was cured by a vegetable astringent.

Dr. Brainard's cases, also, go to show the general effects of this affection; and you will bear with us while we quote the particulars of one of his cases.

A woman, aged 35 years, had been affected for a long time with a pain in the back, hips, &c., for which various remedies

had been used without effect. On enquiry he found the symptoms dated from the period of lactation, and were attended with debility. On examination, several minute points were seen about the orifice of the vagina, scarcely perceptible to the eye, but which, when the surface was touched with a solution of lunar caustic, turned white, revealing the existence of numerous ulcerated points. The appearance of minute red points upon the mucous surface, of a pale color, he had seen in other cases, and they are well calculated to deceive, unless a solution of nitrate of silver, of the strength of about twenty grains to the ounce, is passed over the surface. He adds: It were easy to add to these cases, others where the ulceration of the mouth, alternated with diarrhea, indicating a transfer of the ulceration from the intestinal mucous membrane to that of the mouth, and vice versa.

We have seen one case, in which ulcers in the mouth, diarrhea, and vaginal ulcerations followed each other in alternate succession. But it is to be remarked, that when they leave the mouth and attack another portion of the mucous membrane, there is no improvement of the general health; and, consequently, it shows that a cause of a general pathologic character exists.

Digestive Organs.

In addition to these local symptoms, (for they are but local effects of a constitutional cause,) derangemant of the digestive and assimilating organs claim priority. Though the sore mouth is usually the first symptom that attracts the attention of the patient,—for it often comes up very suddenly,—yet derangement of the stomach and bowels always, to a greater or less extent, exists for some time before the occurrence of the buccal ulcerations; and the greater the gastric derangement, the more extensive and difficult to heal are the ulcerations of the mouth. The patient is much troubled with flatulent and acid eructations, a sense of weakness, burning and oppression at the epigastrium; frequently has to loosen her dress, to alleviate the feeling of distension; has slight febrile irritation of

an evening, of a hectic or asthenic character. It appears that every thing that the patient eats, takes on the fermentative process, and there appears to be too copious a secretion of an acid fluid in the stomach. The bowels are either confined or too loose; and we would readily think that the patient labored under one of the many forms of dyspepsia.

There is another symptom, to which perhaps sufficient attention has not been given by writers on this affection; that is the condition of the urine and urinary organs. By questioning my patients, I found that before the accession of a paroxysm, either of the sore mouth or the diarrhea, they labored under painful and difficult micturition, which at times was very distressing, preventing sleep at night, from the frequent calls to urinate. They passed only small quantities of urine at a time, not more than a table-spoon full or two, which generally attracted their attention from the highness of its color, and the amount of deposit that was thrown down on standing. Sometimes this condition of the urine and urinary organs exists for several days before the accession of a paroxysm, either of the sore mouth or of the diarrhea; for when diarrhea ensues there is generally but little inflammation of the mouth, and when the mouth becomes much inflamed the bowels are generally confined. The condition of the urinary organs, and of the urine, is yet destined to throw much light on this affection. My microscopic examinations of the urine in this disease have, as yet, been rather unsatisfactory to myself. A few facts I have observed with certainty. The urine is generally above the normal specific gravity, usually about 1024, and highly acid, instantaneously changing blue test paper to a deep red. These two points have been universal in all the cases that I have examined.

In one case, I found an unusual amount of urea accumulated on the top of a bottle of urine, after standing for a few days, the crystals of urea were well defined, under a magnifying power of five hundred diameters, the bottle was a half pint pocket flask, and was half full of urine, a complete and perfect

scum of urea formed on the top of the urine. The deposit at the bottom consisted of the urate of ammonia, the figures under the 250 powers of the microscope, corresponding with the figures of lithate or urate of ammonia, given by Dr. G. Owen Reese, in his manual on the blood and urine. In another case, in which I examined the urine of a lady, about the sixth month of pregnancy, laboring under painful and frequent micturition, and who, in a former pregnancy and lactation had the sore mouth in a very aggravated form, and who at this time had tenderness of the mouth and gums, and slight redness of the tongue, alternating with diarrhea. She said, that she knew that she was going to have the sore mouth, from the difficulty of micturition. She described the urine as passing only in very small quantities, and as red as blood, and perfectly thick. I procured about four ounces of the urine, which was highly acid and of high specific gravity. Under the microscope the figures of urate of ammonia in the globular form, were very numerous, but very small; there were also fibrinous tubes and cysts of the kidneys, with epithelial scales. I did not examine this specimen as regards the urea, probably if it had stood long enough, there might have been crystals of urea on the top of the urine. Dr. Lockhart has examined the urine in seven cases, and his observations correspond with my own, the urine having uric acid or some of its salts, the urate of ammonia or soda.

The condition of the urine is valuable only, as it explains the pathological condition of the stomach and digestive apparatus. Some experiments that I have made, lead me to suspect, that some of the solids of the blood, pass off by the kidneys, in this affection, probably the ferruginous particles, we have already seen that the specific gravity of the urine is too high. I tested the urine of three of my patients for albumen, with the ferrocyanuret of potash test, which is a very delicate test for albumen; I found no albumen, but the fluid was permitted to stand in the test tubes for several days, it changed its appearance, and took on the color of prussian blue. I am hardly

chemist enough, to explain the re-action that ensued, but I suspect that iron in some form, passes off with the urine. Thus in some degree, accounting for the loss of the color, of the tissues that take place in this affection. I have found that my patients were generally able to tell the approach of a paroxysim, by the urinary difficulty.

To prove the certainty of the microscopical observations on the urine, I put a portion of one of my patient's urine, into a platinum crucible, and applied heat to the boiling point, when the whole sediment became dissolved and smelled ammoniacal; but I will again return to the urine, when I come to speak of treatment.

The condition of the blood during pregnancy and lactation, throws much light on this affection. Andral and Gavarett, analysed the blood of 34 pregnant women. In 32 of the cases they found the red globules, below the healthy mean standard, in six of which, they ranged from 120 to 125 parts in 1,000, and in 26, from 95 to 120; they also found, that, for the first six months, the fibrin, in the 34 cases, uniformly below the natural quantity, varying from 1.9 to 2.9, while during the last three months it exceeded it, varying from 2.9 to 4.8, and averaging nearly 4. This gives the reason of the buffy coat of the blood in pregnancy, and we hence see that it is anemic.

Simon gives the analysis of the blood of nine pregnant women, viz.: one at the fourth month, five at the five months and a half, one at six months, and one at seven months; and before I quote their table of analysis, I may remark, that the average specific gravity of the blood of a healthly female is 1050; and I may for the sake of illustration, give the healthy constituents of the blood, the proportion of each in the 1,000 parts, which are as follows; water 790, fibrin 3, corpuscles 127, solids of serum 80.

This table shows the specific gravity, both of the defibrinated blood and of the serum. He gives the mean, maximum, and the minimum specific gravity, and by calculation, we find

that the mean specific gravity of the blood of the 9 pregnant females was

	MEAN.	MAX.	MIN.
	1038½.0	1440.95	1034.9
The constituent proportions as follows: water,	804.6		
Fibrin,	3.5	4.0	2.5
Albumen,	66.1	68.8	62.4
Blood Corpuscles,	111.8	127.1	87.7
Extractive Matter & Salts,	6.6	8.7	4.7
Fat,	1.922	2.519	1.115

This fat consisted of serolin, phosphorized fat, cholesterin and saponified fat.

The salts in a thousand parts of blood, consisted of

	MEAN.	MAX.	MIN.
Chloride of Sodium,	3.2	3.9	2.3
Other Soluble Salts,	2.4	2.8	1.8
Phosphates,	0.425.	0.690.	0.282
Iron,	0.449.	0.490.	0.370

From these analyses, he concludes, that pregnancy exercises a marked influence on the composition of the blood; the density, both of the defibrinated blood and of the serum, is diminished; the water, the fibrin, and the phosphorized fat, are increased, while the corpuscles and the albumen are diminished.

M. Cazeaux says, that hydræmia or serous polyæmia, is the most frequent cause of the functional disturbances, that take place in advanced pregnancy, and which are usually attributed to plethora. The analysis of the blood of pregnant women, exhibiting a diminution of globules, and an increase of water, differing indeed only, from that of chlorisis, by containing an increased quantity of fibrin. And he further remarks, that the functional disturbances of pregnancy, resemble those of chlorosis, and that the effect of treatment confirms this view, that it is, from the employment of iron and animal food, that real benefit is obtained. M. Jacquimier, who has paid considerable attention to this subject, states, that all the analogy

that exists between chlorosis and pregnancy is, that after the middle period of pregnancy, women exhibit the commencement of anemia, and from the examination of the blood of two hundred women in the eighth and ninth months of pregnancy, he found a diminution of the corpuscles, but not to the same extent as in chlorosis; and among many hundreds of women, auscultated at the maternite, M. Jacquimier only met with the carotid souffle in two or three. But we find that Mr. Williams says, that the souffle is often present in pregnant women, and corresponds with the frequent diminution of red globules in them.

Hence, we see from the examination of several individuals, whose opportunities and abilities, were well calculated to determine the condition of the blood in pregnancy, that all coincide in their observations, that there universally exists a diminution of the blood corpuscles, and of the solids generally, and an increase of fibrin; and although, at no very remote period, physiologists maintained the doctrine, that fibrin was essential to the development of the tissues, yet, strange as it may seem, quite a reverse doctrine is now taught, both by physiologists and pathologists. Andrall and Gavaret, in their extensive researches in the comparative physiology of the blood; found that an improvement in the breed of an animal, tended always to increase the proportion of the corpuscles, and likewise to diminish the fibrin; and we find the same inverse ratio, between the fibrinousness and the perfection of the blood, in the facts; that there is little or no fibrin in the blood of the fœtus, none in the egg of the chick, none in the chyme, and less in the blood of the carnivora (who feed on it) than in that of the herbivora. Hence, we are forced to the conclusion to which Simon comes, that we must regard the fibrin as an excrementitious product, derived from the waste of the tissues, or from the oxidation of the blood; and consequently in progress of elimination from the system.

The fibrinated state of the blood, that takes place in acute disease, must, therefore be viewed as a consequence, and not as a cause of disease.

How does the blood become impoverished in pregnancy and lactation?

When we take into consideration the new function that the blood has to perform in these conditions, that there is not only an embryo to nourish from the woman's blood, but that also the uterus, which in the unimpregnated state, is a very small organ, but during the period of utero-gestation, attains to an astonishing size; its capacity being increased a little more than 519 times, and its solid substance, in the ratio of twelve to one, also the blood vessels are much enlarged; with the increased size of the uterus and appendages, we can easily see that a very heavy draught is made on the woman's blood, and the corpuscles being the vivifying and calorific properties of the blood, the new function of the uterus requires them in great abundance, especially in the latter months of pregnancy, when the increase of the fœtus, with its appendages, and the substance of the uterus, are much more rapid than in the early months. Simon, in his chemistry of man, gives us some interesting facts on this subject. He says, that Denis made an analysis of the blood of the mother and of the fœtus. He found that that of the fœtus, was richer in solid constituents and in blood corpuscles, than that of the mother; the corpuscles in the mother were 139 parts in the thousand, while that of the fœtus was 222; also the proportionate quantity of iron was greater in the fœtus than the mother, the proportion being in the ratio of 1 to 2.5. Also, the mass of the blood of the fœtus, increases in a very rapid ratio with its development, the proportion of corpuscles is greater and the quantity of water less, than at any subsequent period of life; and for some time after birth, the proportion of corpuscles and of iron, are above the ordinary standard. Hence, these facts go to perfectly account for one remarkable fact that always attends cases of stomatitis materna, namely, that the children of females, who suffer from this disease, are generally large, and what might be called well nourished.

In addition to the fœtus and its appendages, and the uterus,

deriving their nutriment from the mother, and thus largely depriving her system of one of its important and vital constituents, we find those females who suffer from stomatitis, possessed of but feeble digestive powers; consequently the process of nutrition is imperfect, the weakened state of the digestive organs, proceeding from the impoverished blood, not supplying the stomach with a material to secrete healthy gastric juice, and healthy pancreatic juice; hence imperfect digestion will produce imperfect chyle globules, and consequently imperfect blood corpuscles. Hence, we see, that in stomatitis, there exists a loss of balance between the demands that are made on the blood, by the function of utero gestation, and the nourishment of the system to supply those demands.

It would be fortunate, if at the period of parturition, when the uterus begins to assume its pristine condition, and becomes reduced to nearly its former bulk, that the demands on the woman's blood would cease. But there is then the establishment of a new function, the mamma, which bears intimate ties with the uterus, takes on the office of lactation, which still keeps up the drain, on the woman's already too much impoverished blood; and here again we find, that the researches of Simon and other chemists throw much light on the influence of lactation on the female system. We find from their analyses, that the solid constituents of woman's milk range from a third to one-fourth per cent. of the whole fluid; the salts having iron in their composition, besides butter, casein, and sugar of milk. We further find, that the solid constituents of the milk increase with the increasing age of the child. Simon gives 14 analyses of the milk of one woman, taken from the 31st of August to the 4th of January, a space of a little over four months, during which time, the solid constituents of the milk varied from 86 to 138.6; the highest amount of solid constituents being on the 31st of December, and the lowest on the 11th of November. It is, however, to be remarked, that the solid constituents of the milk must and do vary, with the quantity and quality of the food taken by the mother. I have

made frequent enquiries of my patients, and found that in stomatitis the lacteal secretion was always abundant and of a very rich quality, and the infants from their size and plumpness, always gave evidence of such being the fact. Hence, we must evidently see, that instead of the blood of the mother becoming improved after parturition, it is still further impoverished by lactation; and unless the proper nutriment and medicines are introduced into the system, emaciation proceeds rapidly, and the tissues become very pale, showing a great want of the blood corpuscles. We may therefore safely arrive at the conclusion, that pregnancy and lactation, and impaired digestion are the causes of stomatitis materna. There may be other causes of an extrinsic nature, of an endemic or epidemic character, and probably the malaria of the Western States has something to do with the production of the disease. I have met with two cases, complicated with enlargement of the spleen, following ague, in which the color of the skin was of a very pale earthy character. Now it is a well known fact, that in enlargement of the spleen, the red corpuscles are diminished and altered in shape, and the white corpuscles are increased, producing the disease called leucocythæmia. I have also found the disease in connection with Bright's disease following pregnancy; in short, there appears to be some analogy in the condition of system, and also in the symptoms in the two diseases, except the dropsy and the albuminous condition of the urine. In one of Dr. Lockhart's cases, he found the urine albuminous, although it might have merely been an incidental circumstance; for it is evident that albumen in the urine is not frequent in stomatitis, though frequently present in pregnancy. I am not aware that scrofulous constitutions are more liable to the disease than others. Those who are dyspeptic, and have suffered from leucorrhea, hemorrhages, and who have the menstrual discharges while suckling, are generally the most liable. You will frequently find the patients with carious and decayed teeth, produced by the acid state of the saliva; healthy saliva is alkaline, test paper shows it to be acid in this disease.

There is frequently salivary calculus on the teeth, and under the margin of the gums, keeping up irritation of the gums and mouth. I mention this as an accompanying circumstance worthy of the physicians' attention, as exhibiting or pointing to the condition of the digestive organs, for the condition of the stomach has a great influence on the health of the teeth, and diseased teeth have a great influence on digestion, and the diseased or healthy state of the teeth are worthy of our attention in all stomach disorders.

It has been an opinion among the early writers on this disease, that where it took place during pregnancy, that it has been, after having suffered from it in a former lactation, such is not universally the case. I have seen the disease in the aphthous form in the first pregnancy, but women that have once had the disease during lactation, can hardly escape it in subsequent pregnancies, without great care and persevering prophylactic treatment.

But, how does a poor state of the blood produce inflamation of the mucous tissues? Without stopping to theorize on this point, we answer, that we have a similar inflamation of the mucous membranes in other diseases, in which the blood is impoverished, as scrofulosis, tuberculosis, &c., in short, there is a striking analogy in the chemical composition of the blood in these diseases, and that of pregnant women. If, then, our views of the pathology of this disease be correct, the treatment is obvious, and it is rather a consolatory circumstance, that the treatment is becoming well-established. We may make two prominent indication. Indication 1st. To correct and improve the digestive organs, and restore them to their normal function. Indication 2nd. To supply the blood with such nutriment and medicines, as will augment the blood corpuscles and decrease the fibrin.

Indication 1st. For the fulfillment of the first indication we are possessed of a variety of means, some of which, we will find adapted to the circumstances of the various cases, as they may present themselves. As before remarked, we generally

find that the greatest number of cases labor under acid eructations, burning at the epigastriume, either constipation or diarrhea, and various gastric disturbances. To correct the acid condition of the stomach, alkelies and ant-acids appear to produce the most favorable influence; among the best of these, is the bi-carbonate of soda, frequently administered during the day; in some cases I have found liquor calcis answer equally as well; iodide of potassa also corrects this condition of the stomach, and from its tonic and alterative properties, appears to be better adapted to the mild form of the disease, than any other remedy. But when there is much acidity of stomach, an alkali must be administed before giving the iodide, the acid of the stomach neutralizes the iodide, and consequently it fails to produce any effect; but a few drops of liquor potassa taken before it, will counteract the acid condition of the stomach, and prevent the decomposition of the iodide; it is generally given in the dose of five grains, three or four times a day. The iodide of potassa is further valuable, from its influence on the urinary organs; I have also found that thirty drops of liquor potassa, in two or three table-spoon-fulls of an infusion of cascarilla bark, an admirable prescription, not only to correct the acid condition of the stomach, but also to improve its digestive power. Alkalies answer the two-fold purpose of correcting the acid condition of the stomach and at the same time neutralizing the acid state of the urine, the urine becomes clear and more copious after their use, and a diminution of the gastric disturbances, and an evident improvement of the mouth takes place. Alkalies are particularly valuable, when the bowels are confined, but when diarrhea ensues, they must be laid aside; alkalies merely correct the acidity of the stomach, when once produced, but do not prevent the formation of acid in the stomach, hence, if the disease is long continued, we must resort to other means to prevent the secretion of acid in the stomach, and among the best of those means to prevent undue secretion, will be found the vegetable and mineral astringents, such as Logwood, Krameria, Bismuth, &c., which

diminish the secretions of the stomach, as well as the intestinal canal, when the bowels are confined, and cathartics are required, I have found none so valuable as the tartrate of potash and soda, (the common Rochelle salts.) It is a well known fact to the investigators in animal chemistry, that the tartrate of potash produces a rapid effect on the acidity of the urine. According to Bence Jone's researches, 120 grains of dry tartrate of potash, dissolved in four ounces of distilled water, will make the urine alkaline in thirty-five minutes, liquor potassa also rapidly diminishes the acidity of the urine, animal food does the same, and generally agrees better with this class of patients, than vegetable, and there is one remarkable fact in connection with them, that they do not bear vegetable acids, apples and other sub-acid fruits increasing their gastric difficulties. Sugar, and the starch of wheat bread is easily converted into acid in the stomach, and I have found that patients with this disease fare best when they abstain from sugar.

Hence, we see that when the bowels are confined, and we have to use purgatives, the salines are the most appropriate. Salines lessen the acidity of the urine, and decrease the fibrin of the blood; and it will be found that the mucous inflammation is less when the urine approaches to the normal state, as there is then less acid in the intestinal canal and stomach, and consequently, one source of mucous irritation is cut off. I have also used the sulphate of magnesia as a purgative; but its effects were not so well marked as those of the tartrate of potash and soda. But it becomes us to be careful with purgatives in this affection, for we may have costive bowels to-day, and diarrhea of the most exhausting character to-morrow, for we have seen that the disease is of a highly migratory character; and when diarrhea does occur, astringents are our main hope. The diarrhea is but a transference of the disease from the mouth to the intestines, and the acid condition of the stomach and intestinal canal, keeping up irritation of the mucous membrane, inflammation, and an aphthous or an ulcerated state of the mucous follicles, is easily brought about. Dr.

Hubbard, of Ashtabula Co., Ohio, saw at one post mortem of a well marked case of stomatitis materna, from which the patient died, (the buccal ulcerations preceding the diarrhea.) five ulcers of about three lines in diameter, indurated and very deep; three of them situated in the colon, and two in the illium—the surrounding surface being healthy, or nearly so. The symptoms that accompany the diarrhea, point to ulceration. The stools are frequently mucous and tinged with blood. There is colicky pains, and a great deal of gurgling and uneasiness in the bowels; and, although the stools are not very frequent, yet they speedily reduce the patient, and bring her life into eminent danger. Dr. Hubbard is of the opinion that the intestinal ulcerations exist in all well marked cases, and that the disease is essentially ulceration of the mucous follicles. He uses the sulph. of zinc, as an astringent, combined with ipecac, resin, mastic, and white turpentine; the combination preventing the solution of the zinc till it reaches the intestinal ulcers. He says, that he could detail seven cases, in which this treatment was completely successful. Abercrombie, you recollect, cured his case of long standing by a decoction of logwood. Diarrhea was the prominent symptom in his case. I have tried the logwood, and find that it not only serves to control the diarrhea, but, from its astringent properties, diminishes the secretion of the gastric acid. It should be given before meals. I generally add a little cinnamon bark to the decoction; it is a pleasant medicine, and patients take it readily. It is well adapted to a relaxed condition of the mucous membrane; and such I suppose to be the condition of the mucous membrane in this disease. There is a loss of power of the terminal capillary membrane, resulting from the impoverished condition of the blood failing to nourish the tissues of the system in a normal state, and, consequently, exosmosis of the fluids is easily brought about. The trisnitrate of bismuth is another remedy of great power, in not only controlling the diarrhea, by its astringent properties, but also in improving the digestive powers of the stomach. It appears to have a

soothing influence on the mucous membrane, promotes digestion, restrains gastric and intestinal secretions, and appears to change the sensibilities of the stomach. It probably acts on the great ganglionic system of nerves, through the medium of the gastric branch of the vagum. From its antispasmodic influence in stomach affections, it is evident that it exercises a controlling power over the nerves that supply the stomach. To be useful it must be given in large doses, less than twenty grains three or four times a day will be valueless, and that quantity may be given every two or three hours. I frequently give a tea-spoon full, frequently repeated. It may be combined with chalk, or other antacid. It is perfectly harmless, when pure and freed from the arsenious acid, which it sometimes contains.

For the diarrhea, the acetate of lead and opium pill, or acetate of lead and acetate of morphia is perhaps about the best; at least, I have generally succeeded with it. A case that occurred to me not long ago, the lady had frequent attacks of the sore mouth, which alternated with diarrhea. She had frequent mucous stools, tinged with blood. A few days' use of acetate of lead and opium completely relieved the intestinal affection, and also improved the condition of the stomach, by restraining secretion. The patient must observe entire quietude in the horizontal position, during the continuance of the diarrhea. The diarrhea is, like the affection of the mouth, paroxysmal. Various other remedies might be used for the diarrhea, such as sulphate of copper and opium, nitrate of silver and opium. Dr. Byford has used with benefit the vinous tincture of golden seal. Sulphate of alum, borax, &c., might be used. Some will agree with one case and some with another.

Indication 2d. To permanently improve the digestive functions, and at the same time fulfill the second indication, (namely, to introduce into the system proper medicine and nutriment to increase the quantity of the blood corpuscles, and decrease the fibrin,) there has no medicine been found so

valuable as cod liver oil. To Prof. Evans, of Chicago, belongs the credit of having applied this remedy to nursing sore mouths. In the North Western Medical and Surgical Journal, he says, that, observing the influence of cod liver oil in preventing the wasting of the tissues of the body in cases of marasmus, especially from phthysis and tobes messenterian? it occured to me that its influence might be equally beneficial in the disease in question. The diarrhea and ulcerations of the mucous surfaces being, in many cases, similar to those produced by the marasmus in these affections, I have accordingly been in the habit of prescribing it taken in French brandy, or malt liquor, as might be found best suited to the taste, or most convenient, and generally with the happiest effects. When the patient can be induced to continue its free use, it has uniformly proved beneficial, and in most instances effected a cure. Dr. Byford also speaks in terms of confidence in relation to the curative properties of cod liver oil in this affection, and says that it must be presevered in during the whole term of lactation, and so long afterwards as any trace of the disease remains. The remedy having the advantage of any other tonic and alterative, from its soothing effect on the bowels. I cured a case that had resisted every other treatment with cod oil, quinine, bismuth and soda. The patient was reduced low, and was unable to turn herself in bed. The improvement was evident from the cmmencement of the cod oil treatment. The only difficulty with the cod oil, is to get the patient to persevere in its use; to obviate this, strict attention has to be given to the condition of the stomach, and its powers kept up by some mild tonic, either gentian and bicarbonate of soda, or the infusion of cascarilla bark and liquor patossa. But it will not do to continue the use of alkalies for any great length of time; they only neutralise the acid of the stomach, but do not prevent its formation, and when they are long continued they tend to weaken digestion. Hence to prevent acidity, it is best to resort to some mild astringent, as logwood, krameria, or bismuth, which restrain excessive

secretions of the stomach and intestines. Yet alkalies are valuable adjuvants to the cod oil, promoting its absorption into the blood, for it is on the chemical constitution of the blood that the cod oil acts, the digestive powers being too feeble to elaborate sufficient fatty materials from the food to unite with the albumenous part to form healthy chyle globules, which subsequently become blood corpuscles; hence the introduction of the cod liver oil into the system accomplishes what the weakened powers of the stomach were not able to do. That cod liver oil increases the blood corpuscles and diminishes the fibrin, is established beyond a doubt; the researches of chemists prove this fact. Dr. Snow by an analysis shows that the blood corpuscles are increased by cod oil taken into the system. And Simon, also, in his analysis of the blood of those using cod liver oil, records an increase of blood corpuscles, and a diminution of fibrin. We find, also that cod liver oil, when taken into the system, exercises a marked influence on the urine, as, for instance, in the disease diabetes in which the solids pass off in the urine in the form of sugar, the specific gravity of the urine is very high, from 1040 to 1060. The administration of cod liver oil has been found to daily and increasingly diminish its specific gravity, and thus to some extent prevent the solids of the blood from passing off by the kidneys. You recollect, we found the specific gravity of the urine high in stomatitis, and we consequently see the adaptation in more respects than one, of cod liver oil to this disease. Dr. Frink found that the urea was diminished according to the amount of oil taken. We also find that the urea is affected by the cod oil.

Iron, also, from its well known qualities of enriching the blood, with red corpuscles, and from its adaptation to some cases of feeble and impaired digestion, would seem to be very applicable in this affection. Dr. Bakus used a combination of the carbonate, rhei, aloes, and ipecac, in the form of pills. Dr. Byford uses the carbonate in the following manner: carb. potass, sulph. ferri *aa* ʒiss, gum accacia mucilage ʒiv. pulve-

rise the potass and dissolve in the mucilage, then pulverise and add in the sulph. ferri. mix. in an earthen mortar. Dose, half an oz. three times a day, gradually increasing it to as much as the stomach will bear. He uses this only where there is no diarrhea. I have found iron more valuable as a prophylactic, to prevent a recurrence of the disease, than as a curative agent during its continuance. Its action is too slow to be of much value during a paroxysm of this affection, but when used in conjunction with cod liver oil for a length of time, its effects are very certain and permanent. In one case in which the disease made its appearance in the latter months of pregnancy, I used the proto-carbonate, valets mass, and cod liver oil, with the effect of entirely preventing a recurrence of the disease during lactation. The proto-carbonate is a salt of iron, that speedily finds access into the blood, and is quicker in its influence than carbonate, which is nearly insoluble. Quevenes metalic iron is also well adapted to this condition, but when the tenderness of the mouth would admit, the administration of the syrup of the iodide would be the quickest and best preparation of iron. Iron, to be useful, must, like cod liver oil, be persevered in for a considerable length of time, and the patient ought to be informed, that unless she persevere with the remedies, she need not expect relief. The sulph. of quinine is also of great service in this disease, in the dose of three grs. two or three times a day. It imparts power to the nervous energies of the system, promotes digestion, and exercises a controlling influence on the febrile irritation. Its powers are much enhanced by combining it with minute doses of strychnine.

In relation to local applications to the mouth, the experience of the profession have found them to be only temporary in their influence, and consequently of little avail. Nitrate of silver, muriatic acid, and various astringents have been used with little benefit, another crop of vesicles soon appearing, as bad as the former. But, as before remarked, the condition of the teeth and gums deserve attention, and should the patient

have carious teeth, or salivary calculus, the teeth and gums ought to be put in a healthy condition, as the vitiated saliva from unhealthy teeth and gums passing into the stomach, assists in keeping up the process of fermentation in the stomach to which the sufferers with this disease are so liable.

Another point, and one on which writers have insisted with more pertinacity than it probably deserves—that is, weaning the child. It appears to be a sine qua non with all who have written on this subject. True, it puts an end to the drain on the mother's blood, but it does not always cure, and it inflicts a pang on the mother's heart which none but a mother can feel. Let us try the healing powers of our noble art: let us see what the light of science can do, in restoring the digestive organs and the blood of the mother to their normal state, before we insist too authoratively to deprive a harmless being, wonderfully and fearfully made, of that nutriment which the laws of heaven hath ordained for its existence.

Tabular statement of 12 *cases of Stomatitis Materna, showing the direct ratio of the severity of the disease; as compared with the immature age of the individual, and the number of births, crowded into a short space of time.* By WM. LOCKHART, M. D.

Case	1	Aged	24	Years	3rd	Child	Max.	Severity
"	2	"	26	"	3rd	"	"	"
"	3	"	25	"	4th	"	"	"
"	4	"	22	"	3rd	"	"	"
"	5	"	17	"	1st	"	"	"
"	6	"	21	"	1st	"	Min.	"
"	7	"	25	"	4th	"	Max.	"
"	8	"	23	"	3rd	"	"	"
"	9	"	22	"	1st	"	Min.	"
"	10	"	20	"	1st	"	"	"
"	11	"	20	"	1st	"	"	"
"	12	"	21	"	1st	"	"	"

In 4 of the above cases Crural Phlebitis, was an accompaniment.

In 7 of them (all that were examined) the urine was highly acid; and in all, at some stage of the disease, severe pain was

felt on passing water; doubtless on account of an excess of acid (uric or its salts urate of ammonia, or urate of soda,) such being the case in the cases tested.

In one of the cases (case 5th, aged 17 years,) the disease persisted for eight months; and during the latter part of the term of her sickness, albumen was found in the urine, in connection with epithelial cells, altered blood globules, and uriniferous tubules.

Hospital Reports and Reports of Cases.

Cases of Monstrosity connected with Dropsy of the Amnion. By E. B. Harrison, M. D.

On the morning of January 23d, 1855, I was summoned to the residence of Mr. H——, to attend the confinement of his wife, who was large, well-formed, and previous to the present term of gestation, had been healthy; but for some months past she has been troubled with occasional vomiting, dry skin, and urgent thirst, urine scanty, and the digestive functions imperfectly performed. The patient is the mother of seven children. The abdominal integuments are of course flaccid, and capable of great distention, but she had never before been so large and clumsy; in fact, she had what has been termed "pendulous belly." This was the history of the case, and although the symptoms were as above, she had not taken any treatment. The first stage of labor was past, when I arrived. An examination disclosed a breech presentation. When the membranes ruptured there was a copious discharge of water, two gallons were caught, and a large quantity fell on the couch, I should think a gallon. Without any variation from the ordinary course of labor, in three hours the child was born, which proved to be a monster. The cerebrum and cerebellum were

entirely absent, also all the bones of the cranium, except the inferior portion of the frontal, and the temporal bones. The rim of bone formed by the frontal and temporal, was filled with a substance that somewhat resembled coagulated blood; but it was found on examination to be organized tissue, and hung in detached portions that slightly resembled polypus. There was likewise an absence of cuticle from the middle of each scapula inclining toward the spinal column and meeting at the inferior lumbar vertebra. There was but three ribs on each side, they were the superior ribs; the sternum was connected naturally to them; the inferior portion of the sternum was free from bony or cartilaginous attachment. The eyes merely set on the orbital spaces and gave a horrid appearance to the face. There were no cervical vertebra; and the ears were placed on the shoulders, and sorrounded by dark hair. The remainder of the body was well formed. The organs of generation, which were female, were natural. The weight was six pounds; the lungs, heart, liver, kidneys, stomach and bowels were all well formed, but pale and flabby. The placenta was large and the structure easily broken down, and presented the appearance of congestion. The funis was small and pale and of unusual length.

There is nothing peculiarly interesting in this case, except its connection with dropsy of the amnion, which goes far to prove, in connection with cases of a similar character, that monstrosities may be, and are produced, by veritable constitutional disturbances, that can be seen and explained on the principles of physiology and pathology. Notwithstanding the view that the mental faculties can produce strawberries, cherries, &c., by wishes or longings, or that Jacob of old did bring more ringed and striped calves by placing striped sticks in the water troughs of the cattle.

Dr. Moffat of Millwood, gave me the history of a monstrous birth, connected with dropsy of the amnion. The deformities were, club feet, crooked legs, absence of kidneys and bladder, a large umbilical hernia, a cartilaginous ring two inches in diameter, the bowels all protruded, it appeared from the action

of the uterus on the body. The head was deformed and the face distorted; the internal organs normal, except the liver, which was much enlarged. In this case also, the placenta was large and soft, and an imperfect cord. The mother suffered from constitutional symptoms of a phlogestic character, and very much from distention, the quantity of water was very great, and convalesance slow after the delivery. There is a somewhat similar case reported in the Western Lancet, in the volume for 1854, page 470, the constitutional symptoms were slight, although the distention was great.

It appears evident in the above cases, that the deformity depended on imperfect nutrition, shown by the puny condition of the cord, and from ill-directed pressure on the tender and fragile substance of the fœtus. Dr. Burns says, "All of these causes do not opperate uniformly to the same extent, but the fœtus suffers in proportion to their operation," (in speaking of dropsy of the amnion.) So that in one case there might be a perfectly formed child where the pressure was uniform; though feeble and languid, and not capable of sustaining extra-uterine existence. And in another, the worst possible deformity exists. Even when aware that such a condition really exists in an early stage, medical treatment is said to do but little good. I would suggest, however, that where there is odema, vomiting, headache, white-coated tongue, and torped bowels, to give a drachm of bi-tartrate of potassa three times a day, dissolved in water. If severe symptoms arise, as palpitation, constant vomiting, syncope, &c., premature labor is to be considered.

St. John's Hospital, corner of Broadway and Franklin Sts. Reported by Drs. T. L. Neal and C. P. Brent, Resident Physicians.

Henry B——, age 43, was admitted under the care of Prof. Mendenhall, May 19th, 1854. Is of medium height, with full muscular development. Has generally enjoyed good health, until ten years past, during which time he was engaged in the

British service in the tropics. His principal suffering referred to during that period was from chronic diarrhœa, from which he is now entirely free. Was attacked, in January last, with violent catarrh, and has never got rid of the cough; also, has had violent paroxysms of dyspnœa since that time, which occurred at intervals of ten days at first, but now come on about every twenty-four hours. Patient remembers to have had a slight attack of rheumatism two years since.

Present Condition.—Face pale and the eyelids slightly puffy, and lips livid during a paroxysm of dyspnœa. The lower extremities are somewhat œdematous, which has only been the case for the last three or four days. He can only bear the erect or semi-erect posture, the recumbent bringing on the dyspnœa immediately.

Physical Signs.—The *lungs* appear healthy, with the exception of slight dullness and absence of respiratory murmur at the lower part of the chest, on the right side, and feeble throughout. *Heart.*—The first sound is replaced by a very distinct and well marked rough bellows murmur, heard most distinctly at the base of the heart, or over the sternal portion of the third rib, and extending upward along the course of the ascending aorta. The second sound is not so distinct as in health, but no blowing. The impulse of the heart is increased; percussion dull over a larger space than natural.

Diagnosis.—Congested condition of the lungs, with inflammation at the lower portion of the right. Hypertrophy of the heart, with narrowing of the aortic orifice. The blowing sound points to regurgitation from one or both ventricles to the auricles, indicating insufficiency, or else obstruction at one or both of the arterial connections with the heart. The location of the morbid sound determines the diagnosis as given.

As a temporary prescription he was ordered,

℞ Spts. Nit. Dulc. ʒi,

Every three hours, and for drink, cream-of-tartar water.

18th. Patient slept but little; bowels open last evening, and coughed a great deal; pulse 104, full and hard; urine scanty;

skin dry, though natural in temperature; applied a large blister across chest, and added 20 drops of tinct. digitalis to the sweet spirits of nitre.

19th. Bowels not moved; no other particular change, save that the capillary circulation is more feeble, and the swelling of the legs is increasing rapidly; was allowed port wine.

℞ Ol. Ricini, ʒss.
Ol. Terebinth, ʒss.
Mix. Take at once.

21st. Slept better than usual, although the paroxysms of dyspnœa are increasing in number and violence. He is only relieved, as he says, from these fits of impending suffocation by micturition. Pulse 108; urine still scanty and pale. Has good relish for food, and the digestive organs appear nearly or quite separate. The feet and legs are increasing in size. Upon physical examination of the lungs, there is found considerable flatness on percussion at lower and posterior part of the left, with an absence of respiratory murmur, indicating effusion into the pleural cavity.

22d. Paroxysms occur about every hour, when the patient is awake, with increased lividity. He dozed a great part of the night and this morning. The swelling of the extremities is gradually extending toward the abdomen. Pulse 108; not so full nor hard as yesterday. Complains of his mouth being very sore. Tongue large and slightly furred; is also very pale. Bowels not open for two days; no appetite.

℞ Comp. Pow. Jalap, gr. xi.

And repeat every four hours until bowels are freely moved.

Suspend digitalis and spts. nit. dulc.

23d. Slept none during the night. Patient is very irascible. The dyspnœa is growing more distressing. The capillary circulation is very feeble, with very dark livid spots on the feet and legs, with decided indications of sloughing. Bowels moved two or three times; stools scanty; complains of great pain and uneasiness in the feet and legs; pulse 112, but not very hard. Was put upon wine and barley, pretty freely, and to

have feet and legs bathed in tepid water as often as is comfortable to him.

24. Patient's paroxysms of dyspnœa grew more violent until 2¼ A. M., when he expired during a prolonged paroxysm of difficult breathing, retaining his reason to the last.

Post Mortem Appearances.—Both lungs presented considerable congestion. The right was hepatized at its lower part. The left one was slightly adherent at its lower and posterior part, and there was a large quantity of serum in the pleural cavity. The morbid appearances of the heart were, an ossific deposit on the aortic valves, extending along the aorta about one inch, with a contraction of its orifice. The left ventricle very considerably hypertrophied.

It will be observed that the treatment in this case was merely palliative, the patient being in an advanced stage of an organic disease; in fact, in a dying condition almost when he entered the house.

The points of interest are connected mainly with the diagnosis founded upon the physical signs, and which was very fully and satisfactorily verified by the post mortem.

University College Hospital. Value of Trephining in Injuries of the Skull. Under the care of Mr. Erichsen.

Cases of trephining are not frequently seen in hospitals, a fact which we remember Mr. Skey, in his College Lectures, ascribed to the more substantial character of scaffolding now compared to that used formely; and perhaps a more general dread entertained by surgeons of this very serious operation, at least in London, when compared to some of the mining districts.

In some clinical remarks which Mr. Erichsen lately made to his class with reference to the following cases, he observed, that in all bad injuries of the head, the trephine would be found valuable, and should be employed by the surgeon on two separate principles—first, to remove the cause of compression, whether that be depressed bone, extravasated blood,

or pus; and secondly, to prevent inflammation, by removing any splinters of bone that might keep up irritation, and lead to it. Operations *done early* with the trephine, like those for hernia, seem a little overrated in bad consequences. In cases of depressed fracture of the skull, attended by symptoms of compression, the rule of surgery—Mr. Erichsen told his class—was clear and unambignous—namely, to raise the depressed fragments by the aid of the trephine, if it cannot be otherwise effected, and this even though the symptoms of compression might not be very complete. In fact, Mr. Erichsen observed, in cases of compression from depressed bone, we seldom find all the well-known symptoms of the class-books on surgery—the deep comatose stertor, dilated and immovable pupil, with complete unconsciousness, &c. A surgeon may be called to see a case of compression and irritation, which may, at first view of the case, mislead; but here he must often act as in the case of the most profound coma. This is well known in the first of the following cases. Surgeons, in fact, will be quite justified in not waiting for the worst symptoms; but, as we have said, if operation is necessary, operate early.

Again, a question occurs. When we have depressed bone quite evident, yet symptoms of compression absent, how should we act? Are we, according to the older rules of the books, to wait for symptoms, or are we to anticipate them? Mr. Erichsen, (with several other eminent surgeons,) believes we should anticipate bad symptoms. It may be there are no bad symptoms at first; but it is impossible to say what may be the condition of the patient at the end of a week, with possibly sharp splinters of the inner table lying on the dura mater, or blood extravasated on the surface of the brain, or into its substances. In all such instances, we take the rule of Mr. Erichsen to be one of no little practical importance and novelty—namely, in all cases of depressed and splintered bone, to elevate the fragments and remove the splinters, not so much in proportion to the symptoms present at the time, as to the

chances of inflammation almost certain to arise if such operative proceeding be delayed.

In fact, such cases should be treated on the principle of punctured fracture. The second and third cases here given, the former a case of depressed and splintered fracture, without compression, yet benefited by operation, and the latter a case of depressed and comminuted fracture of skull, without compression, also getting well after operation, are all remarkable illustrations of this line of treatment, and of the good effects of this mode of practice. As operations for trephine, as we said, are rare, we look upon the cases as valuable.

Depressed and Comminuted Fracture of Skull; Extravasation of Blood on Dura Mater; Operation; Recovery. —Case 1.—A. J. N——, aged twenty-seven, admitted on the 7th of July, 1854. On the 4th of July, while drunk, he was upset from a cab, received a scalp wound, and was brought to the hospital. No injury to the skull was detected, and his state of stupor and incoherence was attributed to drunkenness. He was accordingly sent away. This condition, however, continuing, he was brought in again, and admitted. When seen, he was in an almost unconscious state, though he could be roused by shouting loudly in his ear; very restless and violent; breathing loud, like one asleep; pupils dilated, and acting slightly; skin cool; fæces had passed involuntarily; pulse 64, full. Mr. Erichsen examined his head, and discovered depression through the wound. On incising the scalp here, a stellate fracture was found, depressed for the thickness of the skull, and situate over the middle meningeal artery.

Mr. Erichsen trephined and elevated the bone. The upper and outer half of the dura mater was of reddish, silvery color; the other half covered by a clot of blood; fluid blood also welled up from beneath the bone. The head was shaved, ice applied to it, and the catheter passed, a strong purgative administered, and nothing but barley-water given as diet. The patient was removed to bed in a darkened room.

After this, the man became very restless, constantly getting out of bed, and trying to leave the house; had an idiotic expression and manner. Nevertheless, he gradually recovered under careful watching and treatment, with the exception of one or two relapses, from over-excitement, when people had been to see him.

He left the hospital in the beginning of September. He has returned once since. The wound was then very small, covered with a few high granulations. A small piece of bone was in process of separation.

The treatment consisted of calomel, administered in two-grain doses, every four or six hours; perfect quiet, low diet, and purgatives when necessary.

Depressed Splintered Fracture of Skull; no Compression; Operation; Recovery.—Case 2.—M. F——, aged thirty, admitted at half-past six P. M., on the 18th of July, 1854. While working at the bottom of a sewer, a hod of bricks had been upset at the top, and one brick struck him with the sharp corner on the vertex of the skull, having fallen twenty feet. He was picked up stunned. On admission, he was quite conscious, though slightly drowsy; pupils active; skin moist and warm; breathing quiet; no stertor; pulse 80. There was a cut on the top of his head, gaping slightly, from which blood slowly welled up. On examination, a portion of bone, one inch in diameter, was found fractured and depressed; pulsation could be seen at the bottom of the wound. His drowsiness slightly increased, but he walked to his bed, and into the operating-theatre.

Mr. Erichsen, on his arrival, a quarter of an hour after, found fractured bone, depressed in such a way that a pyramidal-shaped pit was formed in the skull, the apex being downwards, and distant half an inch from the surface; it was situate to the right of the middle line. He determined to operate. Accordingly, he removed a circle of bone with the trephine, and elevated the depressed portions; the dura mater was uninjured. Two points of suture drew the lips of the

wound together, after one ligature had been applied. There was a good deal of hæmorrhage, and blood welled up from under the bone. The head was shaved, and ice applied to it; five grains of calomel were given directly; he was shortly after, and in the course of the night, bled to twenty-two ounces.

The same plan of treatment was here followed out as in the previous case. The man left early in September, never having had one unfavorable symptom, and the wound nearly healed.

Depressed and Comminuted Fracture of Skull; no Compression; Extensive Scalp Wound; Wound of Dura Mater; Operation; Convalescence.—Case 3.—John F——, aged forty-two, admitted December 6th, 1854, at five P.M., having been thrown from a cart, and having pitched on his head. On admission, the surface was cold; pulse weak and slow; pupil strongly and fixedly contracted; quite conscious, but inclined to muttering and incoherence. On the right temple there was a semilunar scalp wound, five or six inches long, extending from the eyebrow towards the vertex; beneath this a depressed line of fracture, an inch and a half or two inches long, depressed for the whole thickness of the skull (a quarter of an inch); the depression extended outwards and downwards from the fracture, so that about a square inch was more or less comminuted and depressed. On the left parietal aspect was another scalp wound, semilunar in shape likewise, longer than the other, but in the same direction. On each side of the head the scalp was separated for some distance upwards and downwards, so as almost to separate it entirely from the bone. The man walked into the ward. His head was shaved, hot bottles put to his feet, &c. Under these means he gradually became more conscious; he bled profusely from the cuts, and complained of faintness.

Mr. Erichsen operated on him at about seven o'clock. The patient insisted on walking into the theatre, having at first objected to the operation. He was rather restless and violent,

flushes of heat, thirst, and anorexia. He complains of pain in the right side, cough, with thick, viscid expectoration; the latter rust-colored, and streaked with blood. He ascribes his disease to cold and intemperance. His respirations are 46; the temperature of his body (which Dr. Parkes always ascertains with a thermometer) 103° Fahr.; pulse 118. The physical signs are well-marked, and as expected, are those of pneumonia; there is dullness of percussion under the right scapula; bronchial breathing, and over both lungs, bronchitic rhonchi. He was ordered to be bled to twenty ounces; and to take calomel, twenty-four grains; ipecacuanha, twenty-four grains; tartrate of antimony, six grains; opium, six grains; to be made into twenty-four pills. To take one every hour.

On the sixth day of the disease, (November 10th,) the physical signs were much the same. The base of the right lung had escaped; respirations were forty; pulse 118, in the proportion 1 to 2.95; pain in the chest severe, and various nervous symptoms.

Seventh day.—Pyrexia; respirations 40; pulse 120, or as 1 to 3; urine high-colored, and chlorides in that excretion absent. This day and the previous one the calomel was omitted from the pills, and he got instead, nitrate of potash, ten grains, in a mixture with liquor of acetate of ammonia.

Ninth day.—He got rapidly worse, with excessive dyspnœa; respiration 52; pulse 136, in proportion 1 to 2.61; extremities and ears cold and congested; pulse irregular and intermittent, possibly from the tartar-emetic. Calomel alone was now given, two grains every fourth hour.

Tenth day.—This is about the critical day. He was so very weak now that the treatment was changed, and he was ordered wine, ammonia, and senega. The effect was admirable.

On the eleventh and twelfth days, the report states—Marked improvement; feels himself all right again; over left lung percussion clear; some crackling in the tubes, but no crepitation; extremely well-marked friction sound of pleuro-pneumonia; temperature down to 98° Fahr.; respirations at one part of the

twelfth day 32; pulse 100, 1 to 3; all the physical signs greatly improved; percussion-note under right clavicle clear; back of right lung clear; the same in the left; chlorides reappeared in the urine, which Dr. Parkes considers always a good sign.

Fourteenth and fifteenth days.—Improvement going on rapidly; percussion more and more clear; friction-sound diminished.

Sixteenth day.—Quite well. We obviously leave out the site of the disease, and its more minute changes day by day, the right lung being consolidated from the beginning, as we are more anxious to dwell on this novel point of critical days, and what seems somewhat of a corollary from it, as believed by Dr. Parkes, that about the ninth day, when one lung only is attacked, the second, from purulent absorption, is likely on this day also to be attacked; that on the ninth day of pneumonia, *cæteris paribus*, you have to dread what may be called relapse, but which, in reality, is pneumonia of the opposite lung. At this period the original disease ceased.

Proceedings of Societies.

Proceedings of the Fifth Regular Meeting of the Hendricks County Medical Society.

PLAINFIELD, January 16, 1855.

At 11 o'clock, A. M., the Society met in the M. E. Church. The President being absent, the Vice-President called the meeting to order. In compliance with a previous appointment, Dr. David Hutchinson read a dissertation on "Stomatitis Materna"—then adjourned until 1 o'clock, P. M.

AFTERNOON SESSION.

At 1 o'clock, P. M., the members convened. The censors presented, in due form, the names of Dr. Lot Reagan, Dr. Levi Ritter, and Dr. M. D. Babbington as applicants for membership, recommending their election. They were elected accord-

ingly. The Society then proceeded to the consideration of the Dissertation, read in the forenoon session by Dr. Hutchinson.

A prolonged, animated, and highly interesting discussion ensued, in which all the members present participated. Dr. Hutchinson's Essay was calculated to be very acceptable to the Profession—Stomatitis Materna being but briefly and imperfectly discussed by medical writers. A disease, too, having especially arrested the attention of the profession latterly—being of very frequent occurrence. The subject was very thoroughly and ably presented by Dr. H.

On motion, the discussion was brought to a close, and the Society proceeded to the consideration of other business.

On motion of Dr. L. Reagan, Dr. Hutchinson's Dissertation, together with a statistical table presented by Dr. Lockhart, relating to the same subject, were ordered to be offered for publication in the "Western Lancet."

The minutes of the preceding meeting were then read, and accepted.

On motion of Dr. Harvey, the report on "Contagion," &c., to be produced at this meeting, was deferred until the next.

On motion of Dr. Ritter, the Society proceeded to the election of officers for the ensuing year. The Chair appointed Drs. Hutchinson, Harvey and Wright a committee to report the names of candidates for offices. The committee, after retiring, presented the following, who were elected by ballot: Dr. Wm. Matthews, President; Dr. Amos W. Reagan, Vice-President; Dr. J. Joel Wright, Secretary; Dr. Levi Ritter, Corresponding Secretary; Dr. J. A. Comingor, Treasurer; Drs. David Hutchinson, Risdon C. Moore, and Wilson Lockhart, Censors.

Dr. Lockhart presented the following resolution, which was adopted:

Resolved, That the members of the Society shall have privilege of introducing patients to the Society at its regular meetings, for clinical considerations, prescription, or surgical operation.

Dr. Wright offered the following resolutions, which were unanimously adopted:

Whereas, It is with feelings of profound regret that we have received the intelligence of the death of our friend and professional brother, John L. Mothershead, M. D., for more than twenty years an able and justly popular practitioner of medicine in the city of Indianapolis:

Therefore, *Resolved*, That we recognize in the deceased a thorough and devoted physician, a good citizen, a benevolent and honorable man, and a christian gentleman.

Resolved, That while we bow in humble submission to the will of Providence, we regard the demise of this our brother, called from the busy theater of professional labors, as a loss greatly to be deplored.

Resolved, That in the name of the "Hendricks County Medical Society," we tender to the family and friends of the deceased, our sincere condolence and sympathy.

Resolved, That a copy of these resolutions be presented for publication in the "Indiana State Journal."

The President appointed Dr. Henry Cox to read a Dissertation at next meeting.

The thanks of the Society were voted for the use of the Church.

Voted that the next regular meeting of the Society be held at Belville.

On motion, the Society adjourned.

W. LOCKHART, M. D., Pres. pt.

J. JOEL WRIGHT, M. D., Sec'y.

Epidemiological Society. BY DR. BABINGTON, President. A paper by GEORGE BODINGTON, ESQ., of Sutton Coldfield, on the Salubrity of Birmingham, its Suburbs and Neighborhood, and particularly the Comparative Immunity of that Town from Asiatic Cholera and other Epidemic Diseases, was read by Dr. MCWILLIAM.

The author commenced by stating that Birmingham possesses the advantages of elevated situation, a light sandy soil

and an elaborate and complete system of sewerage draining, which with a direct fall to the river Rea, keeps the town free from smells, and in a constant wholesome and cleanly state. The condition of the inhabitants is also said to be better than that of the operatives of many other towns. They congregate less together than do the workmen of Lancashire and others employed in the productions of textile fabrics. The Birmingham workmen perform their labors much in the open air, and the system of lodging-houses for the working classes, or of living in cellars, does not prevail in Birmingham. The town was at one time celebrated for its ale, which was drunk at noted houses of resort; but the reputation of this wholesome beverage has been eclipsed with unhappy success by the opening of gin palaces. Notwithstanding the favorable situation and other advantages enjoyed by the inhabitants of Birmingham, the author considered that their comparative exemption from cholera is due to some other cause. Judging *a priori*, the author is of opinion that the mysterious and invisible agent producing cholera is of an alkaloid or ammoniacal nature, inasmuch as that all substances in a state of partial decomposition, whether animal or vegetable, taken as food or inhaled into the lungs, appear to give it power, and favor its development. Assuming then that the immunity of Birmingham from epidemic diseases does not depend wholly upon its natural advantages, or on the existence of less depravity and vice amongst the lower orders, the author considers that question is open to deeper inquiry, and declares his conviction that the purity of the atmosphere of Birmingham, and its freedom from choleraic and other epidemic poisons, are due, in a great measure, to the constant diffusion of the mineral acid gases into and through it. There are five or six establishments for the manufacture of sulphuric and nitric acids in the town, which are computed to produce upwards of one hundred tons of these acids per week. Mr. Bodington believes that the vapors from these establishments, although fat alto vegetable existence, are not unfavorable to animal life, and that the workmen employed in them are in general very healthy. There are also at least five hundred manufacturers in metals of one kind and another throughout the the town, who use sulphuric acid in large quantities. From these sources, as well as from the sulphuric acid manufacturers, there is a constant evolution of sulphurous acid gas and nitrous oxide, which being diffused throughout the atmosphere of the place, operate as great puri-

fiers, by neutralizing every ammoniacal or other alkaloid emanation injurious to animal life. The author, in conclusion, states that the question is one of incalculable importance as regards the health of our fleets and armies. The diffusion of a certain amount of binoxide of nitrogen, or of sulphurous acid gas, through the compartments of a ship or an hospital, and other crowded situations, would tend to purify their atmosphere, and thus render them wholesome to the inmates.

A discussion followed, in which Dr. Snow, Dr. W. Lewis, Dr. Greenhow, Dr. Webster, and Dr. Gavin took part.

Dr. Snow then exhibited to the meeting an interesting Map of the Parishes of St. Anne and St. James, showing the progress of, and mortality from cholera in these districts during the months of September and October last.

The thanks of the meeting were then given to the authors of the communications.

The President announced that the next ordinary meeting of the Society would be held on Monday, February 5th, 1855.

Correspondence.

T. Wood, M. D., Editor Western Lancet.

Dear Sir:—In your report of the trial of Dr. Blanck, published in the last number (February) of the Western Lancet, I find imputed to me the following language, as a part of my testimony given in that case. "The most reliable method of diagnosing an aneurism in the popliteal space, is one of my own discovery, or at least it is not described by any of the fifteen authors whose works are in my library." Were this sentence simply inaccurate, it would be unnecessary to call attention to it, but in matter and form it is ridiculously egotistical, and must be so construed by every intelligent reader of your Journal. I therefore desire to have the opportunity of setting myself right in regard to this portion of my testimony. I was asked by the Prosecuting Attorney, "What are the

diagnostic signs of aneurism?" After enumerating the usual tests, such as ——, the tumor being situated upon, or in the immediate vicinity of an artery, pulsation, disappearance upon pressure when recent, the sound elicited by auscultation etc., I remarked that there was *one other* test (not the "most reliable" however) which could be applied in the diagnosis of *popliteal* aneurisms, namely, moderate flexure of the leg; and in my opinion it was a valuable additional test by which to distinguish between a popliteal tumor or aneurism; as upon one occasion it enabled me to make a satisfactory diagnosis, where the other signs were insufficient. In this connection it was, that I made the following remark; "this test is not spoken of by any author whose works I have in my library, so far as I recollect." The Prosecutor then said, "You have a pretty good library, have you not?" My answer was, "I have twelve or fifteen *volumes* (not *authors*) upon the subject of surgery."

There are several inaccuracies in the report of my testimony, but they necessarily result from the brevity of the report, and in this respect all fare alike; but in one particular I was clearly misunderstood; I am made to say, "It is hard to distinguish a recent aneurism." What I did say was, "It is hard to distinguish an aneurism when *not* recent.

So far as my recollection serves me, your report of the case is ably gotten up, and very correct considering its brevity.

Yours Respectfully, B. F. RICHARDSON, M. D.

Cincinnati, March 7th, 1855.

[In reporting the testimony, given in the trial of Dr. Blanck, it was our aim to report all correctly, but we have no doubt many inaccuracies have been introduced. It must necessarily be the case, in condensing a report, that many ideas, though not perverted, will be less clearly defined.

We take great pleasure in correcting any errors of importance. We might, however, state, in vindication of our report, that we have been complimented on its correctness, by several competent judges, who were present at the trial, both from the Medical and Legal Professions. Ed.]

Reviews and Notices.

Report of the Sanitary Commission of New Orleans, on the Epidemic Yellow Fever, of 1853 *: Published by Authority of the City Council of New Orleans.* New Orleans, 1854.

We have here 542 closely printed pages, with several tables of statistics, and a sanitary map of the city of New Orleans. The sanitary commission has exhibited much industry and perseverance in accumulating such a vast amount of material information; and the city council has manifested an unusual degree of liberality in affording the means for this publication; showing that all parties concerned, have taken hold of the subject with energy, and a determination to fathom, if possible, to their lowest depths, the mysterious causes of the two greatest scurges of cities, *yellow fever* and *cholera.*

The fearful epidemic of 1853, aroused the public sentiment of New Orleans to the importance of adopting some better sanitary regulations; and in accordance with that sentiment, a commission was constituted, consisting of six gentlemen, one of whom was the mayor of the city, and the remaining five, medical men.

They were instructed

1st.—To inquire into the origin and mode of transmission or propagation of the late epidemic yellow fever.

2nd.—To inquire into the subject of sewerage and common drains, their adaptability to the situation of our city, and their influence on health.

3d.—To inquire into the subject of quarantine, its uses and applicability here, and its influence in protecting the city from epidemic and contagious maladies, and

4th.—To make a thorough examination into the sanitary condition of the city, into all causes influencing it, in present and previous years, and to suggest the requisite sanitary measures to remove or prevent them, and into the causes of yellow fever in ports and other localities having intercourse with New Orleans.

The commission immediately organized, and proceeded with due diligence to the fulfillment of the important task confided to it. It issued circulars embracing all the points suggested for examination, and distributed them among the medical faculty and citizens here and the adjoining states, and to every quarter of the yellow fever region, whence information could be expected to enlighten its

judgment on the subjects to be considered. It sat as a court of inquiry in this city daily for about three months, eliciting and inviting information from every accessible source.

When this field had been sufficiently explored, it deputed its various members to visit different parts of this and the adjoining states, where the epidemic had existed, to institute inquiries upon like matters and report upon them. One member was sent to visit the various Eastern cities, to obtain information of their sanitary condition, ordinances and usages. He was likewise instructed to visit Washington, to apply to the government of the United States for aid in obtaining through our diplomatic and consular agencies throughout the yellow fever zone, whatever information our circulars called for, or that would advance the cause we were engaged in.

By this means, the extensive yellow fever zone was explored, and important facts were drained from every accessable point within its range, making, when thrown together, a vast fund of testimony for the commission to draw its conclusions from. This testimony is embodied in the work, and spreads over 211 pages. A table, drawn from the facts in this testimony, is presented, showing the *meteorological elements of cholera and yellow fever at New Orleans*, and a comparison of the meteorogical conditions under which they prevailed.

1st.—What are the several meteorological conditions of yellow fever and cholera at the *commencement, maximum intensity and declination* of these two diseases when existing in their *epidemic* grades.

2d.—In comparison, it shows that cholera exists in a greater range of temperature and humidity than yellow fever.

3d.—That these diversities constitute the pabulum for its support, so far as the mere climatic condition is concerned.

4th.—That a higher solar radiation and atmospheric pressure exits during yellow fever periods than during cholera. Although the atmospheric pressure under which these two diseases prevail are shown by this average table to be about the same, the barometer continuing at a permanently higher grade, more regularly and constantly in yellow fever than in cholera, yet, in this latter the fluctuations are much greater; indeed, it is so under all its climatic relations, as is abundantly shown in the large detailed table too extensive for this summary, of which this is a very condensed abstract.

5th.—That for the existence of yellow fever, a higher range of temperature and of dew point for its commencement and maximum intensity, and that a declension of the former (temp.) to less than 70°, and the latter (dew point) to near 60° puts a speedy end to its *epidemic* existence.

6th.—That a larger quantity of rain usually falls, on an average, during the existence of yellow fever than during cholera.

7th.—The "drying power" is more variable during cholera than during yellow fever.

8th.—The average duration of *epidemic* yellow fever has been 58.33 days, and the period of its influence decreasing, while the average duration of *cholera* has been 37.66 days, and the period increasing.

It appears, from facts collected by the commission, that the yellow fever is originated from meteoric and terrene conditions, and that these must bear certain relations to each other before the result will be produced. The meteoric conditions are, a high temperature with great moisture. The terrene conditions are, every species of filth, decaying vegetable and animal remains, and above all, the exposure of newly dug earth to the action of the sun. Neither the meteoric nor the terrene conditions alone can produce yellow fever; but they arrive at the following postulata:

1st.—That a close junction and combination of the meteorological and terrene conditions (referred to) is absolutely indispensable to the origination, transmission and duration of yellow fever every where.

2d.—That all the terrene conditions referred to, are controllable and removable by human agency; and consequently, are seperable from the meteorological conditions, at man's option, and at man's pleasure.

3d.—That the atmospherical element can be much modified and ameliorated by man's influence.

4th.—That the irresistible corollary from the *probata* are, that yellow fever is an evil, *remediable* and *extinguishable* by human agency.

The great practical principle of the report, therefore is, that the yellow fever, although among the greatest of physical evils, is demonstrably, a remediable evil, and it will be the function of a future section to set forth, in detail, the remediable appliances, which, reasonably employed, and scrupulously enforced, will, I feel confident, *extirpate that disease in any locality.*

This, indeed, will be a Herculean task, greater than strangling the Hydra, or cleansing the Augean stables; and of infinitely more importance to the human race.

The report of the commission proceeds, through a number of chapters, to discuss various subjects; some bearing directly, and others remotely on the great subject of inquiry. Extensive plans of sewerage, drainage, filling up and cleansing, are proposed; but

the commision finally comes to consider the "modes of raising the means necessary to defray the cost of the recommendations." "Ah! there is the rub."—But the following extract will show how easily the commission gets over this item of trouble:

Three years ago, a recommendation was made by the late *General Council of the city*, that an application should be made to the *eighteen* states, directly interested in its salubrity, to induce them to unite in recommending to the general government, to transfer to this city 200,000 acres of public land, for which purpose it created a board called "*The Permanent Sanitary Board*," whose duty it was made to initiate the necessary steps to obtain it. That board organized and drew up a report, in which the claims of New Orleans was set forth, through which it was clearly demonstrated that *there had been expended* by this city and the state of Louisiana, for the actual and prospective population of these states not less than $2.000,000, and that it was morally and equitably right, that that sum ought to be considered due. The report was approved of by the board, but there required an outlay of some $200 or $300 for printing, &c., and as there was no sum appropriated nor could be procured, nothing farther could be done. The claim is deemed a *just* one, and if the proper steps were taken; a large sum could most probably be raised from it.

Two hundred thousand acres of land, and a debt of two millions of dollars to be collected from the "eighteen states directly interested in the salubrity of New Orleans," would be a very handsome business for a sanitary commission to manage. We would not be surprised if every member of the committee would get rich, by virtue of his office, whether the experiment for banishing yellow fever and cholera was successful or not. The idea, that the "eighteen states" are indebted to New Orleans for every cent of money they have ever expended in sanitary measures, is certainly novel and ingenious. But on behalf of these states, we would inquire of the commission, what has become of all the money that has been collected as wharfage, from every flatboat, keel boat, coal boat, store boat, flour boat, canoe, skift, raft, steamboat or ship, that has ever landed at their wharf, laden with the produce of these eighteen states? We have been informed, (though, perhaps incorrectly,) that these large sums collected from our sun-burnt, and toil-worn boatmen, of which they have bitterly complained, were taken under the plea, that the money was to be appropriated to the sanitary improvement of the city, and its defense against the inundations of the Mississippi.

Autobiography of CHARLES CALDWELL, M. D. *With Preface, Notes, and Appendix.* By HARRIOT W. WARNER. *Philadelphia:* LIPPINCOTT, GRAMBO, & Co. 1855.

It is very difficult for one to write his own history, without laying himself liable to the charge of self-praise; for this charge is apt to be applied to him, if he speaks in simple terms of commendation of his own acts, even where his biographer would use termes of unmeasured applause. In the autobiography of Prof. Caldwell, there is what we would call a pretty strong current of egotism; but when we consider the length of time through which he lived, the striking incidents and changes in medical, and political history that he witnessed, and the advanced age at which he wrote, we do not think this detracts much from the merits of his book. The events in his long life, which he narrates, are mostly well selected and pleasing to the reader, and, in many instances, they are intensely interesting; and himself, often being the chief actor in them, could not be placed far in the back ground of the picture, even if he had so wished to draw the scene.

Dr. Caldwell was born in North Carolina, A. D. 1772. Acquired a preliminary education in his native State, and made his appearance in Philadelphia, a student of medicine, as related in the third chapter of his book. From this chapter we will make some extracts, not only from their being fair samples of his style of composition, but for the lively portraits there drawn of some of the distinguished pioneers in medicine on this continent.

On his arrival in the "Quaker City" he was anxious to hear some of the great orators, that he, in his youthful imagination, had supposed to abound there. He visited the churches, but was sadly disappointed in his expectations, though he met with a pleasing and profitable adventure with a young lady and her father.

Of the University of Pennsylvania, and some of its professors, we will allow him to use his own language, as follows:

At this period, the medical school had been in existence about forty years; and its Faculty was organized, and its chairs filled as follows:—

A chair of Anatomy, Surgery, and Midwifery—Dr. Shippen, Professor, and Dr. Wistar, his Adjunct.

A chair of Theory and Practice of Physic—Dr. Khun, Professor.

A chair of the Institutes of Medicine and Clinical Practice—Dr. Rush, Professor.

A chair of Chemistry—Dr. Hutchinson, Professor.

A chair of Materia Medica—Dr. Griffitts, Professor.

Dr. Shippen, being the oldest of the Faculty, both as a professor and a man, and having been one of the original founders of the school, opened the session, in some style and pomp, (all matters of ceremony at that old school aristocratic period were more stylish and pompous than they are at this day of homespun republicanism,) by the delivery of his introductory lecture. And the performance was neither very imposing nor attractive. Though Dr. Shippen, who, in stature and figure, countenance, and general appearance, and style of manner, was one of the most elegant and gentlemanly personages of the time; and though possessed of an excellent and well-cultivated mind, he was a polished, and, when excited, an *impressive*, if not an *eloquent* public *speaker;* yet was he far from being accomplished in the art of *reading*. And, having previously written his lecture, he read it, from a manuscript before him, in a dull, cold, and monotonous manner. Nor is the most exceptionable characteristic of the exercise yet represented. The authorship of it was not his own, but belonged to his favorite, much admired, and oft-quoted master, Dr. William Hunter, brother of the celebrated John Hunter, of London. That gentleman had composed it early in life, as a standing introductory to his annual course of lectures on anatomy and midwifery. If I mistake not, moreover, it was the only one he ever delivered. He delivered it, I mean, as his standing annual introductory. And, considering the high standing of its author, it was but a commonplace production. The subject of it was the *organic composition of a man*. I mean the number, arrangement, union, general uses, reciprocal subservances and names of the most important organs indispensable to the formation of a human being. And though the theme is a rich and beautiful one, and furnishes matter for a splendid philosophical discourse; yet such was not the lecture long previously composed on it, by the celebrated Dr. William Hunter, and delivered, at the time, by the scarcely less celebrated Dr. William Shippen. I need hardly say, therefore, that the entire display, taken as it was, in composition and recital, did not greatly enhance my estimation of Philadelphia eloquence.

On the day following, Dr. Rush's Introductory was delivered. And it was a performance much superior, in all respects, to that of the preceding day. It was the Doctor's own composition; and though, as already stated, that gentleman was a very ordinary public speaker, he was one of the best public readers I have ever heard. As a mere colloquist, moreover, having cultivated, with great attention and care, the art of conversation, he was uncommonly eloquent, correct, and interesting. In his lectures, and other public discourses, which he sometimes pronounced, he never attempted to be, in delivery, lofty, exciting, and impressive, ex-

cept by reading. When he attempted to extemporize in public, which he rarely did, he dropped, in an instant, from his usually elevated pitch of reading, to a plain and unpretending conversational manner. In truth, he was less animated and exciting, in his public extemporizing, than he often was in private conversation, in his own famliy, and in other domestic circles. Somewhat surprised at this, and being sufficiently intimate with him to venture on such freedom of inquiry, I once asked him the reason of it. And, in reply, he frankly related to me, in substance, the following anecdote:—

During the revolutionary war, he was an ardent and thoroughgoing Whig; and, though possessed of no turn or taste for soldiership himself, he often attended public meetings on military affairs. On one of those occasions, the object of which was to procure recruits for the American army, either as *regulars* or volunteers, he was loudly and earnestly called on to address the meeting, and excite as many as possible of the crowd to enroll themselves as soldiers in the cause of their country. With this request he deemed it his duty to comply.

The meeting was held in the place then called, in plain Quaker language, the "State House Yard," but now, in reformed, and more fashionable and courtly style, "Independence Square." To simplify and facilitate the mode of proceeding, the multitude was marshalled, in a column, along one side of the avenue, which passes through the square, fronting it, and immediately on its edge. And the order was given, that all those who were inclined to take up arms in defence of their country, should express their willingness by advancing over the avenue, and forming in column on the other side.

Under this arrangement the Doctor commenced his patriotic harangue—but with very little success. For a time, not a man moved, but all stood as still as if they had been statues. At length, however, a few passed over the avenue; and the orator closed his speech, which had been addressed exclusively to the intellect of his audience. It awakened none of the warlike passions; nor had the Doctor either turn, tact, or power to produce such awakening. He had only attempted to convince his fellow-citizens, as reasonable men, and faithful patriots, that it would be virtuous and useful in them to enroll themselves, without delay, and, at the risk of their lives, determine to serve their country in arms. But, though his argument was correct, its truth undeniable, its logic sound, and its language clear, classical, and pointed, yet was its issue a mortifying failure. The reason was obvious. Its manner of delivery was tame and colloquial. It was accompanied and enforced by neither declamation, fire, nor appropriate action. Nor did the Doctor, when speaking in public, feel himself compe-

tent to a bold and exciting manifestation of either—more especially of *action*, which Demosthenes proclaimed the first, second, and third most essential elements of oratory. And, though the sentiment of the Grecian orator was extravagant, and ought not to be inculcated, as a maxim, in the art of speaking, yet it is in part both true and important. Without action, let a public address, designed to excite to action be, in matter, language, and argument, of an order as high and excellent as talents, learning, and practice can make it, its effect will be feeble, perhaps a nullity. Nor, according to this well-known principle of human nature, is it possible for it to be otherwise. Of this truth Dr. Rush was speedily and thoroughly convinced.

His very sensible and argumentative, but conversational address being finished, and having failed to produce the much desired and important result, a call was made for a Mr. W——, a counsellor at law, of talents and learning, and a popular speaker, who had often, with great success, addressed juries of various descriptions, and in different sorts of cases, and who was abundantly familiar with the leading springs of human action.

Immediately on the summons, the orator appeared, with a flushed countenance, a flashing eye, and a throbbing pulse, and commenced his harangue—for it was a harangue, and bore no resemblance to a premeditated speech. It did not occupy more than eight or ten minutes, was accompanied by no small amount of strong, varied, and significant action, and contained nothing even akin to reason or argument. It consisted of short sentences addressed exclusively to manly or rather daring and high-toned feelings and passions, forcibly expressed, in language so fiery as almost to threaten with blisters the lips of the speaker. Every portion of the address, moreover, was densely interlarded with certain current and exciting words and phrases of the day, some of them loved and admired, and others hated and scorned by Whigs and patriots, and often dextrously employed by public declaimers to fire the spirits, and rouse to action the war-passions of the populace. I need hardly say, that among such terms and expressions were the following: "Freedom, Glory, and Independence!" "Slavery, ignominy, suffering, and chains!" "To emulate the heroes of Lexington, Bunker's Hill, and Saratoga!" "To avenge the massacres of the tomakawk and the scalping-knife on its worse than savage authors, the British emissaries! To protect our wives and our children, our hearths and our altars, from the insult and rapacity of the ruffians of Britain, and hireling marauders! To merit, in the strife of the battle-field, the approbation of Washington and his heroic associates!" "Victory or death!" "Washington will applaud your bravery or condemn your cowardice in the field of battle, and the spirits of Warren,

Montgomery, and Mercer, will herald them with joy or indignant sorrow in their abodes of bliss!" "A free and independent country or a glorious grave!" "Washington, Hancock, and Adams forever!"

"By a harangue of this description," said Dr. Rush, "Mr. W. was so successful in the work of soldier-making, that he left scarcely a man under fifty years of age on the peace side of the State-house avenue; and even I myself felt half inclined to pass the Rubicon, and exchange my pill-box and lancet for a cartridge-box and musket. But," added the doctor, in his terse and significant manner, "I learned that day what I ought to have known before, that I am not calculated for an *extempore* speaker. And I mean to profit by the lesson; I have never since repeated the effort; nor is it my present purpose to do so hereafter."

The introductory lecture by Dr. Rush was a performance of a high order. In matter it was instructive, in style and manner interesting and attractive; it was elegantly recited, or rather read, and its general tone, and the adroitly Americanized spirit of it were judiciously fitted to give it favor and popularity with an American audience. In a virtual but not very direct comparison of the American with the European people, the entire equality, not to say the actual, though half-concealed superiority, which, in several respects, the professor assigned to the former, was to me a circumstance peculiarly gratifying. The passage in the lecture which contained the sentiment, being pronounced with well-timed and strongly-marked animation and emphasis, drew from the whole audience a burst of applause, and actually thrilled through me with an influence and emotion, which half raised me from my seat, and attracted the attention of those who were in my immediate vicinity.

A somewhat animated discussion arose, the next day, in the lecture room, among the pupils, on the merits of Dr. Rush's lecture.

This discussion was, however, brought to a close by the entrance of Dr. Kuhn, Professor of the Theory and Practice of Physic, who entered, in all his unbending stateliness and formality, prepared to deliver his introductory discourse. Nor, whether he was regarded mentally or corporeally, in his person, movement, manners, dress, or address, or in the conceptions, habits, and general action and condition of his mind, can any being, in the figure of man, more rigidly, stately, and formal than he was, present itself to the most inventive and fertile imagination. He was, by far, the most highly and minutely furnished specimen of old-school medical production I have ever beheld.

To begin with some of the most valuable characteristics of the members of that school. His preliminary education, preparatory

to the study of medicine, was sufficiently extensive, well-directed, and sound. In other words, he was a scholar; had a respectable acquaintance with the several branches of natural science most nearly allied to medicine, and did not, as is too much the fashion in these latter times of reputed equality among men, commence his professional studies with his mind deplorably crude, uninformed, and undisciplined.

His medical education was also conducted on an extensive plan. It was begun in Philadelphia, when Pennsylvania was but a British province, and carried as far as the professional means and resources of the place, at that early period of the colony, admitted. But no medical school existing, and, of course, no degree in medicine being at that time attainable on this side of the Atlantic, Dr. Kuhn's professional education was subsequently prosecuted and finished in the schools of Europe, under the most able and distinguished teachers of the day. Among those were the celebrated Linnæus, as well in the capacity of a private as a public teacher, the elder Monroe, and the no less celebrated Dr. Cullen. The entire term of Dr. Kuhn's pupilage was not, I think, less than from six to seven years. Such were some of that gentleman's old-school advantages. Among his less valuable attributes, derived from the same source, may be mentioned the following:—

His hair, unusually coarse and strong, of which nature had furnished him with an exuberant abundance, and given to it so firm and permanent a setting, that, at the age of seventy-five, he possessed, perhaps, as much of it as he did at that of twenty-five; that appendage of the head his hair-dresser so arranged as to give it the resemblance of a fashionable wig, well pomatumed, stiffly curled, and richly powdered. His hand and bosom-ruffles were full and flowing, his breeches were black, his long-skirted waistcoat white or buff, and his coat snuff-colored. In his hand he carried a gold-headed cane, in his waistcoat pocket a gold snuff-box, and his knee and shoe-buckles were of the same metal. When moving from house to house, in his professional business, so sternly and stubbornly regular were his steps, in both extent and repetition, that he could scarcely be induced to quicken or lengthen them, either to escape from a thunder-gust or a hail-storm, to relieve cholic, to arrest a hemorrhage, or scarcely to save the life of the most meritorious of his patients.

Though some of those qualities, taken separately and in the abstract, must be considered as, in various respects, troublesome and exceptionable, yet were they, in their united influence, useful to their possessor.

They rendered the entire economy of his life a specimen of unsurpassed regularity and order. During nearly half a century he went to bed at precisely eleven o'clock, P. M., and rose at pre-

cisely half-past five, A. M. In summer he breakfasted at precisely seven o'clock, in spring and autumn at half-past seven, and in winter, with equal precision, at eight. In summer, he made his first morning professional visit at half-past eight o'clock, in winter at nine, and in spring and autumn at the moment midway between the two. Throughout the year he made his last professional morning visit and entered the door of his dwelling exactly ten minutes before two P. M., and returned home from his last evening visit at ten minutes before seven.

In his attendance on his patients he was equally regular and equally precise. He entered each sick-room at a given time, spent a given number of minutes in examining and prescribing, and never suffered the slightest deviation to be made from his directions. Weak sage tea was a fevorite beverage, which he often prescribed as a drink for the sick. If, as was sometimes the case, the kind nurse or attendant took the liberty of saying to him as he was moving toward the door, to make his exit from the room: "Doctor, should the patient want to drink a little toast-water, or lemonade, I suppose I may give it to him?" he would turn and reply, with oracular solemnity and decisiveness: "I have directed, or I have said, weak sage tea. Good morning, Madam." And, however stern and forbidding this decisiveness might occasionally appear, it was characterized by sound judgment and the dictate of experience. For it is a practical, and, therefore, a momentous truth, that the nurses of the sick do much more mischief by the abuse of their discretionary powers than could possibly result from their confinement to the most positive directions. Hence, to prevent mischief from that quarter, the practitioner should be exceedingly limited in his allowance of such powers.

In cases of consultation with other practitioners, Dr. Kuhn was punctual to a minute, in his arrival at the place of meeting; and, if in five minutes the other physicians did not also arrive, he uniformly left the room, and would on no account turn back with them, should he even meet them within a few feet of the door. Did they request him to return with them to the sick-room, or to converse with them on the spot, respecting the case he had just seen, he promptly and peremptorily refused to do either, assigning as his reason, that he had another engagement, within a certain number of minutes, and that he could not allow their want of punctuality toward him, to render him unpunctual in his intercourse with others. The effect of this exactness, was to render breaches of engagement with him much less frequent than with other physicians.

Dr. Caldwell lived through four-fifths of the most eventful century that the world has yet known, whether we consider its religious, political, scientific or mechanical history; and even those

who have not felt well disposed towards him, personally, will find much in his auto-biography of deep interest, as he has noted the changes that the time within his memory has wrought on our country and our profession.

For sale by Applegate & Co.

On the Etiology, Pathology, and Treatment of Fibro-Bronchitis and Rheumatic Pneumonia. By Thomas H. Buckler, M. D., formerly Physician to the Almshouse Infirmary. Quae prosunt omnibus. Philadelphia: Blanchard and Lea. 1853.

This is a very neatly published monograph, containing one hundred and fifty pages, bound in muslin. The object of the author is briefly presented in the two first paragraphs of the book.

The leading object of this volume is to point out, as clearly as possible, the distinctive characters of fibrous or rheumatic inflammation of the bronchial tubes, and at the same time to show the differential diagnosis between it and ordinary catarrh; the word rheumatic has therefore been affixed to the term bronchitis, for the purpose of showing at the outset that it is intended to treat of a distinct affection, which, for want of proper anatomical accuracy as to its true seat, has been most singularly confounded with inflammation of the mucous membrane of the bronchi.

The next object is to show that there exists a form of pneumonia which is never idiopathic, but occurs as a secondary lesion, and is always symptomatic of, and directly dependent on, pre-existing fibrous bronchitis. It is farther intended to point out the relations which the foregoing pathological conditions bear to general rheumatism and to rheumatic endocarditis, and to show that ordinary pneumonia, simple mucous catarrh, and fibrous bronchitis, with rheumatic pneumonia, often happen in the same lung as distinct, but still contemporaneous and concurrent affections, and that where this is the case therapeutic attention to the rheumatic element is often of vital importance to the safety of the patient.

The author frankly acknowledges that this dissertation was rejected by the Committee of the American Medical Association for 1853, but the grounds upon which their objections to its publication rested, are not stated. There are certainly many original views presented in this work, which seem to be confirmed by numerous cases. The arguments are forcible, though by no means conclusive; but no doubt the experience of many practitioners would lead them to the same conclusions with the author. A thorough knowledge of the diseases of the chest is of so much importance to

the enlightened physician, that we make no hesitation in recommending this work to the examination of our readers, believing that none will regret the time spent in the task. For sale by Applegate & Co.

Report of the Pennsylvania Hospital for the Insane, for the year 1854. By THOMAS KIRKBRIDE, M. D., Physician to the Institution. Published by order of the Managers.

From this report, we learn that the Institution is, as usual, in a state of flattering prosperity. "The total number of patients in the Hospital during the year was 413. The highest number at any one time was 239; the lowest was 220; and the average number under treatment during the whole period was 229."

Embodied in this report is a beautiful tribute to the memory of the late Jacob G. Morris, who found an ocean grave with those lost on the Arctic, and who for a long time had been one of the most efficient managers of the Pennsylvania Hospital for the Insane.

The Transactions of the New Hampshire Medical Society, (Sixty-Fourth Anniversary,) held at Concord June 6th and 7th, 1854.

In this pamphlet is the Annual Address, by Albert Smith, M. D., the President, on Conservatism in Medicine; an Oration, Andrew McFarland, M. D., on "The Poetry of the Medical Profession;" a Dissertation, by W. H. Mason, M. D., "On the Necessity of a Knowledge of the Chemical Changes that take place in the Human Body while in a State of Disease." Each of these divisions has its peculiar excellencies, to commend it to the careful perusal of any who may be fortunate enough to get a copy.

The thrilling and graphic account, given by Dr. Nathan Sanborn, of the fearful Norwalk disaster, is found in the appendix to this pamphlet, of which the following is a copy:

"My seat was in the first passenger car, perhaps the sixth or seventh from the front, and next the wall, on the right side. We had come from Forty-second street, in New-York, at the rate of forty-two miles in ninety minutes, and I was sensible of no diminution in the speed till admonished by a violent jerk forward: the effect, as I supposed, of the heavy engine passing from the end of the rail to empty space. This threw open the door before me, and disclosed the awful chasm into which we were plunging. Of the draws orignal I knew nothing, having never passed there before;

but had seen the steamer coming up the river, and thought her speed would bring her to the track about the same time with our train; and it is surprising the engineer failed to receive the admonition. At any rate, I felt some misgivings, but quieted myself, as I usually do when another holds the reins, with—"They know what they are about," and so cast off all fear, which I had hardly time to do, when the jerk of the train, the rattling of glass, &c., told but too plainly the awful fact, that the draw was open for the passage of the boat. The river is divided in the middle by a solid stone abutment, with a passage for boats of sixty feet on each side, and the draw turns on a pivot attached to this pier, carrying the whole bridge with it, and opening a passage on both sides. The canal is said to be thirty feet deep, four of which are mud—ten or eleven, at that time (high tide) of water, and fifteen or sixteen from the water to the track. The engine struck the opposite abutment; two baggage cars fell on it, and one rolled off. The first passenger car must have nearly reached the same point, as I found myself near the abutment when the crash was over. This car seemed to break about where I was, say two or three seats forward of my original one, and the forward end, with the passengers, to be thrown over my head and lodged on the top of the car behind me. I was supported a few moments, with my head above water, by the floating fragments about me, but soon found they were insufficient to sustain me. Being unable to swim, and finding nothing to rest my foot on, I looked above me for something to support me, and found to my purpose a part of the side of the car standing, with the baggage rack attached, just within my reach. The first portion I took hold of was broken and came off, and I grasped it further on, and trying its strength, felt perfectly safe. But on attempting to get upon that part of the top of the car, which lay detached from the sides, a little below the surface of the water behind me, I found I was in danger of drowning. Two Irish women, who had been thrown from the front seat of the car and lay badly hurt, and half under water, on this frail support, called loudly for mercy; and knowing I could retain my hold, buoyed up by the water, for any length of time, I assured them of safety and a speedy rescue, and remained suspended till the gentleman who had occupied the other half of my seat came and took them to a boat which had reached us, and who then returned to me and greeted me with the apparent affection of a brother, though our acquaintance was but of ninety minutes' duration. He offered to take me to the boat; but I assured him I could take care of myself, and urged him to help those who needed it more. He did so. Then throwing myself on this floating fragment, I crept, (for I found on trial I could not walk, on account of a sprained ankle,) to the boat, and was taken to the shore, and with the aid of the arm of a young man, reached the nearest house, ten

or twelve rods distant, without difficulty. I could think and talk calmly, on my part, of the awful tragedy; but when I came to the dead, arranged in rows, in the garb of life and health, who but a moment before were with me anticipating a joyous meeting with home and fond waiting friends; when I recognized the countenances of those who had occupied seats about me, most of them in the vigor of manhood, now pale in death; especially, when I leaned that my friend Dr. BARTLETT, of Stratham, was with the dead, whose acquaintance I had enjoyed for twenty years, but of whose presence I was not aware till found a corpse; while I, a feeble old man, worn down with the infirmities of many years, was snatched by an unseen hand from among the dead, and placed with the living—my heart sickens, my eyes fill, and my voice fails!

"P. S. I asked, and very promptly received, through the hand of my friend, Dr. N. B. IVES, of New-Haven, $1500 from the New-York and New-Haven Railroad Company. My frail constitution received a shock from which it will never recover."

Report of the Board of Managers of the State Lunatic Asylum, to the Eighteenth Gneral Assembly, of Missouri.

Board of Health. Sanitary Reports of the City of Buffalo, for the Year 1854. By JAMES M. NEWMAN, M. D., Health Physician.

In addition to the above very acceptable productions of the press, we have received a large number of books, journals, pamphlets, circulars, &c., &c., from Eclectic, Homeopathic, Hydropathic, and Nondescript Quacks, in various parts of the country; for which we DO NOT thank the authors or editors of such stuff. We think that their writers can all be traced to a close relationship to that large and disreputable family of "*Damphule's*" that are striving so hard to get into decent society; and we are sure that if they covld see *exactly* what we do with the papers on which is spread the slimy drops of thought, squeezed with such labor from the skull, where brains should be, they would surely keep them from our table.

CORRECTIONS.—In Dr. Lawson's Lecture, published in the February number the following typograghical errors require correction:

Page 66, fifth line from bottom—for "position," read *positions.*

Page 68, seventeenth line from bottom—for "infused," read *effused.*

Page 73, second line from bottom—after the word "complete"—introduce *loss of.*

Page 74, thirteenth line from bottom—for "poisons," read *lesions.*

Progress of Medicine.

A question on the Mentagra, an Eruption of the Skin commonly called the Barber's Itch. By Dr. Santlus, of Hadamar. *Translated for the Western Lancet, from the German Clinick.*—The mentagra (sycosis) is one of the most ancient diseases; yet its causes are very imperfectly described. Mostly it is considered a consequence of a general sickly disposition, of the use of too nutricious a diet, &c. A relation of it to the syphilis is said to have been assumed, only by way of caricature, from which the term of mentagra drew its origin. (Plinius.) According to others (Winkler), Plinius is said to have actually signified the syphilis (venereal disease) by the term of mentagra; while others assert (Pleuk) ,that it means the *mentagra leprosa, s. Plinii.* But since Plinius knew its specific and topic character, as well as its restriction to particular parts of the face, and since he made use of said term only in a jocose manner, it is not at all to be presumed, that he signified the syphilis by that term. *Muritanus,* also, is of the opinion, that the ancients never signified the venereal disease by that term, but that they comprehended entirely different diseases by that term. Yet the Greeks, by their term Sukosis, approached much closer to the syphilitic eruptions; and *Martial,* in his epigrams, used them in scourging the wealthiest of Roman Canilings and Basiators. According to Plinius, it was first imported from Asia to Italy under Tiberius Claudius Cæsar, by a Roman Knight, and it principally spread by kissing. The disease is said to have been less painful and fatal than abominable; so much so, that death was always considered preferable to it. Also, the remaining scars are said to have been more loathsome than the disease itself. This was matter of course, because the fleshy parts had to be corroded away to the very bone, for the purpose of effecting a cure. It is immaterial whether Plinius, by these statements, and more especially by the disfiguring formation of the scars, intended to give to that disease a venereal character or not; yet it is a remarkable fact, that both Plinius and Martial charge it particularly to the kissing. The latter has most plainly expressed that opinion in his epigram against the Basiator Bassus, and other Romans of high standing (Epigr. lib. xi. 98), in the following words:

"Non ulcus acre, pustulæque lucentes,
Nec triste mentuno. sordidique lichenes,
Nec labra pingui delibuta ceroto,
Nec congelati gutta proderit nasi."

The prostitution of the Canilings has received the lash of his satire in an equal manner. Plinius says expressly, that the common people escaped that plague, while the nobility and the wealthy had infected one another by kissing. The manner of the kissing is not particularly described. But *Martial* went so far as to call the principal Canilings and Basiators by name. It is therefore possible that those debauchees, by their vicious habits, have brought upon themselves the disease as well as the shame. If the different sexual vices, wherein the Romans were not surpassed in any age or by any nation, according to Martial, may be subdivided into six different classes, viz.: Cineadi, Pædicones, Futatores, Irrumatores, Fellatores and Canilingi, yet the latter surpassed everything the world ever saw in hideousness (according to M., A. licked the genitals of B., and B. those of A., uno actu); and it should be thought that, in times of such a high state of civilization as our own, such vicious habits should be impossible. But this is not the case, although the eye shrinks from lifting the curtain of shame from the brothels. But the truth and the fact is still more horrible, when that vice, in connection with the mentagra, is still luxuriating in our own land and in our own time. The following instances, by which my attention was directed to the said remarks of Plinius and Martial, may serve as a painful illustration.

In 1835, I had in my medical treatment a tailor from the capital of W., who was infected with sycosa, which, according to his statement, was of two years standing, and which had defied all remedies. At the sick examination, which was also attended by M. R. F., of H., the tailor confessed, that at every sexual intercourse with his master's wife, he had to kiss her genitals. At last he considered his disease as a consequence of that vice, and as a Divine punishment, and looked for medical assistance. Aside from this, he was entirely well, not a particle of syphilis on his body. And the disease, by its topical character—in two years it had not spread beyond the heavy part of the chin, and had not touched the lips—had so plainly marked itself, that both of us were not a moment in doubt as to the diagnosis. The color of the scurfs, protruding in the form

of gaped and solid crusts between the remains of bristly hair pasted together in confused lumps, and covering the whole sub-maxillar region, up to the ears and down to the neck, was dark green (filthy and slate colored).

The second case was examined by me, last year, in a Jew of L., near W., whose wife at the same time suffered from pruritus vaginæ, which could only be cured by washings and injections of aqua phag. würteryb. In this case, the Jewess, anxiously caring for her own health, had denounced her husband as a Caniling, complaining that he had been affected for years with an abominable eruption about the chin, and that she was unable to induce him to quit his vicious practice. On close examination, the disease was ascertained to be indeed the mentagra, of two years' standing, having existed previous to the *pruritus vaginæ* of his wife.

In this case, the disease did not confine itself to the region of the chin, but it spread over the region of the occiput, in the shape of a girdle, so that the diseased appeared wearing a muzzle fastened in the neck, upon which the remaining hair was pasted together in lumps, by a glutinous sap similar to honey. This man, about 30 years old, did, as already stated, to his wife the same service that was done by the tailor to his mistress.

As to these two cases, the conclusion is easy, but it would be highly interesting to know whether similar observations have been made elsewhere. For it may be well concluded from the statements of *Plinius* and *Martial*, that both have assumed said vice to have an important bearing upon said disease. Both not only lived at the same period, when that vice and that disease existed in the highest degree among the Romans, but there was moreover an amicable relation between them. When the senior Plinius found his death, from the eruption of the Mount Vesuvius, while on a philosophical excursion, Martial, then a resident of Spain, according to the statement of the junior Plinius, wrote a letter of condolence to the family of the deceased. It is no doubt very remarkable that *Plinius* particularly points out the noble and wealthy to be subject to the mentagra, while Martial's pointed satire was lashing the wealthy Romans for the same vice. It almost appears that the efforts of *Plinius* were directed more especially against the vice and the disease, as such, while *Martial* directed his attacks against the persons,

of whom, according to his statement, a large number were infected by that vice and disease. At any rate, the case is worthy of reflection, and it is desirable that abilities may be devoted to it, who have access to a larger selection of material and of authorities.

With regard to the treatment, it is to be remarked, that the only remedy applied consisted of polsters wet with *aq. phag. pharm.* würtweb., and inwardly Graphit and the wood of Guaiac, whereupon the cure was effected within several (four—five) weeks. After the cure, the skin did not show any of those deep scars, but a glaringly red color, striped like the scars from burning, from which the hair had to be shaved daily to prevent the eruption of new pustules. The removal of the hair of the beard seems to be of great influence on the cure, for as soon as it was removed, the cure proceeded rapidly. The treatment by *Didot*, at Brussels, rests upon this, as he removes the hair by tearing it out by means of a pincette. In the beginning, when the hair cannot be shaved off, a pair of beard scissors is to be used, and as soon as the wet spots are dried up, the razor may be used, but this must be done daily, until no more pustules appear.

Far from pronouncing a positive opinion upon those single facts, and much less maintaining the existence of cause and effect between the vice and the disease mentioned, I do communicate the same merely as single instances, remarking, that, perhaps, the passages in Plinius on the mentagra, which led to controversies in the earliest times, may, by similar occurrences, lead to a more correct understanding. For it is possible that he designated by the nickname of mentagrists those Canilings and Basiators, who, in his lifetime, were so numerous, and who were bitterly denounced by his cotemporary, Martial, in his epigrammes; while the consequences of the natural debaucheries were comprehended under the term of Pudendagra.*

*The passages of Plinius, cited in the foregoing, are in the 2d and 3rd paragraphs of Book 26 of his Natural History; and those of Martial are, aside from the passage introduced verbatim, nearly in every book of his epigrams.

Editorial.

A Singular Case.—A correspondent of the Pennsylvania Enquirer states, that the bullet which killed Bill Poole, was found in the dead man's heart. Dr. Carnochan, his surgeon, followed the ball with his probe between the fifth and sixth ribs, and through the pericardium. There was no scar presenting itself on the external surface of the heart, but on cutting through a clot of coagulable lymph into the heart's substance, the ball was found. The singularity of this case becomes apparent, when it is remembered that Poole lived several days after the accident.

A somewhat similar case was met with in the Commercial Hospital of this city, a few years since. A man, after receiving a pistol ball in his chest, entered the surgical ward, and survived the accident some four or five days. A *post mortem* showed that the ball had passed through both walls, and the cavity, of the left auricle of the heart, and was lodged in the body of a dorsal vertebra.

American Medical Association.—The eighth Annual Meeting of the American Medical Association will be held in the city of Philadelphia, on Tuesday, May 1st, 1855.

Medical Colleges.—Catalogues of a number of the Colleges have been received; from which it appears, that medical teaching, in a pecuniary point of view, has not been more successful, this season, than other pursuits. All the older institutions, so far as heard from, have found their classes very much diminished the past session, while some of the recent formations, where (if we may use a phrenological expression,) *hope* is large and *conscientiousness* small, they have managed to jot down an increased number of Matriculants. We have heard of one, where the number of attendants on the lectures seldom equalled twenty, that conferred twenty-six dogrees at its commencement; and of these twenty-six, thirteen were "*honorary!!*" Query—Who was honored, the recipients of the degrees, or the College that scattered them with such a liberal hand? We are quite sure that the profession, hitherto proud of its dignity, will become disgraced, if the spectacles are not taken

off of the optics that see so much merit where there is so little medical knowledge.

In this city there are three medical schools, having Professors from the regular medical profession.

The Medical College of Ohio has been too long established to require at this time an introduction to our readers.

The number of her graduates this year was twenty-one. *She sold no honorary degrees.*

The Miami Medical College, we are informed, had a remunerating class, and the Professors so far have reason to be pleased with the success of their enterprise.

She granted seventeen diplomas—*no hononary degrees sold*—and the dignity of the profession was sustained throughout her course.

The Cincinnati ——— of ——— and ——— conferred the degree of M. D. on twenty-six persons—thirteen on pupils, and thirteen honorary! We are afraid that she is following the example of a certain class of the weaker sex, who sell their honor, but thereby lose their *virtue.*

The graduates of the different schools, so far as heard from, present respectively the following numbers. Kentucky School of Medicine, 16; Starling Medical College, 19; Albany Medical College, 49; Memphis Med. College, 19; Buffalo Med. College, 14; St. Louis University, 30; University of Missouri, 30; Rush Med. College, 41.

A Work on Mal-Practice.—Dr. Stephen Smith, one of the editors of the New York Journal of Medicine, is preparing a work on "*Medical Jurisprudence, in its application to the practice of Medicine, Surgery, and Midwifery, in the United States.*"

From the source of this work, we anticipate a volume of much practical value to both the medical and legal profession. The readers of the Lancet will be duly notified of its appearance.

Transactions of the State Medical Society.—The question has been asked by quite a number of our Correspondents, who are members of the State Medical Society, where, and how, are the printed transactions of the Association to be obtained?

We suppose that a letter addressed to Dr. W. W. Dawson, of this city, who was one of the acting Secretaries, would obtain copies, though we have *failed* to get a single copy by personal application.

Thirty-fifth Annual Commencement of the Medical College of Ohio, Held in the Amphitheatre of the College Building, on the 23d of February, 1855.

ORDER OF EXERCISES.

1st.—Prayer, by the Rev. Dr. Nicholson.

2d.—Address, by John P. Foote, Esq., President of the Board of Trustees.

3d.—Conferring the Degree of M. D., by the same, on the following gentlemen.

NAME.	STATE.	NAME.	STATE
W. H. Lawwill,	Kentucky,	R. L. Rea,	Ohio.
J. W. Gault,	Kentucky,	A. H. Johns,	Kentucky,
Tiffin Sinks,	Ohio,	John Rea,	Indiana,
S. W. Vance,	Indiana,	B. L. Brisbane,	Wisconsin
H. R. Smith,	Indiana,	Lewis Eyman,	Ohio,
C. Thornton,	Ohio,	A. M. Nelson,	Ohio,
J. E. Patterson,	Ohio,	W. F. Corlis,	Kentucky,
Sam'l Kridelbaugh,	Indiiana,	A. H. Graham,	Ohio,
W. H. Gilmore,	Ohio,	G. W. Nash,	Miss.
W. S. Gaines,	Ohio,	S. B. Tomlinson,	Ohio.

A. H. Porter, Ohio.

4th.—Validictory, by Prof. Tom O. Edwards.

5th.—Benediction, Dr. Nicholson.

Third Annual Commencement of the Miami Medical College, of Cincinnati, held at the Melodeon Hall, corner of Fourth and Walnut streets, Feb. 23*d,* 1855.

ORDER OF EXERCISES.

1st.—Prayer, by the Rev. Dr. Fisher.

2d.—Address to the Graduating Class, by Rev. Dr. Elliot, President of the Board of Trustees.

3d.—Conferring the Degree of M. D., by the same, on the following gentlemen:

NAME.	STATE.	NAME.	STATE.
Cyrus Bond,	Indiana,	Milton W. Jenckins,	Ohio,
W. B. Davis,	Ohio,	Louis B. Meindeman,	Ohio,
Isaac L. Drake,	Ohio,	D. Ballard Myers,	Ohio,
J. A. Dagley,	Indiana	David O'Connell,	Ohio,
C. W. Foxworthy,	Indiana,	Wm. G. Patterson,	Ohio,
Chas. D. Gatch,	Ohio,	Wm. B. C. Shaffer,	Ohio,
Geo. W. Hickson,	Indiana,	Simon D. Thomas,	Penn.,
J. Spafford Hunt,	Illinois,	G. Randolph Patton,	Ohio,

A. C. Lewis, Ohio.

4th.—Valedictory Address to the Graduates, by Prof. Comegys.

5th.—Benediction, by Rev. Dr. Dorsey.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.

PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO.

No. 5.] CINCINNATI, MAY, 1855. [VOL. XVI.

Original Lectures, Essays and Communications.

Eclampsia.—By L. D. SHEETS, M. D., Dayton, O.

In reading the last number of Braithwaite's Retrospect, (part 29,) I observed a history of a case of Puerperal Convulsions, which was at first treated, unsuccessfully, by blood-letting, revulsives, &c., but finally cured by morphine and chloroform. Several years since, I treated a case with the remedies first used in the above case, with the happiest results. At one period, in the treatment of my case, the remedies had no more effect than they had in Mr. Bolton's case (the one referred to); but I then repeated the chief remedy, venesection, and pushed it to the utmost, with the effect of overcoming the disease, and rescuing the patient from the jaws of death!

In referrence to the results of treatment in Mr. B's case, he says: "In conclusion, I would remark, that the convulsions were in no measure mitigated by the depletion, which was carried to the utmost; nor was there any yielding of the os uteri, until chloroform was inhaled." In the treatment of my patient, I relied chiefly upon blood-letting; and I believe it was the only remedy that was of much service in arresting the poroxysms of convulsions. The os uteri was, for a considera-

ble length of time, quite rigid, but finally relaxed without the use of chloroform. Mr. B. mentions the drawing of only twenty ounces of blood; now, whether this was "carried to the utmost," depends upon circumstances. I am not prepared to say whether it was, or was not; but when we consider the great toleration of blood-letting in Eclampsia, it seems doubtful that twenty ounces was the ultimatum, beyond which it was imprudent or unsafe to venture. I know, or at least have strong reason to presume, that if I had stopped at twenty ounces I would have lost my patient; and I am decidedly of opinion that the second bleeding saved her life. I feel assured, too, that I committed an error in not drawing a larger quantity of blood at the first venesection; and here, too, I think Mr. B. made the same mistake. Meigs says, "If there be a disease in which bold and daring employment of the lancet is demanded, it is in puerperal convulsions." He advises the withdrawal of from thirty to sixty ounces at one venesection. I conceive that if we are guided by the Pathology of Eclampsia, blood-letting is most clearly indicated as the best means that can be used to combat the disease. Delivery, which has not been mentioned, should be accomplished, after other means fail to arrest the convulsions, in premature labors, if the condition of the parts admit of it; it should be resorted to immediately when the patient is at term.

I am inclined to believe my case was a much more severe one than Mr. Bolton's. His patient had an hour's repose after taking a dose of morphia. My patient had her jaws so firmly closed, that I could introduce nothing by the mouth; thereupon I administered an enema of tr. opii and tr. assafœt., but without producing any effect. His, regained her senses during the expulsive efforts; mine, did not, until several days afterwards. Both children were still-born; and, if I am not mistaken, this is very generally the case in Eclampsia, particularly when the labor is premature.

The following history of my case is transcribed from some notes taken during my attendance upon the patient:—

Wednesday, Feb. 16th, 1853.—Was called to see Mrs. F. about 6½ o'clock, A. M., and found her just recovering from the first paroxysm of convulsions. She is about 36 years of age; and about 8 months gone in her third pregnancy. On Monday she did her washing; yesterday she did her scrubbing, and in lifting some tubs hurt herself, which she described as "something giving away." Last night when she retired, she complained of headache; the pain appeared to be confined to a particular spot, as the *clon*, of which Meigs speaks as being a precursor of Eclampsia. Her husband bathed her forehead with camphor, after which she felt somewhat easier and fell asleep. Shortly before daylight he was awakened by her struggling. I found her in a paroxysm of convulsions. From the commencement she was insensible, and unable to speak, and her jaws were firmly closed. I at once commenced preparations for venesection, but before I was quite ready a second paroxysm came on. After it passed off, I drew about 20 oz. of blood, applied mustard cataplasms to the extremities, and gave an enema of tr. opii and tr. assafœt. Convulsions still continued, occurring two or three times per hour. There was a good deal of regularity in their recurrence; the intervals were usually about twenty-five minutes. About 11 o'clock, I concluded to make an effort to turn and deliver; I found the os dilated about the size of a half dollar; but on making an attempt to introduce my hand it would become quite rigid, and rather contract than dilate. At 1 P. M., I saw her, with a medical friend. We feared effusion or extravasation in the brain had already taken place, and we considered her case hopeless. The pulse was feeble, and she was apparently sinking; but we concluded to bleed her again, and I accordingly drew about twenty-four ounces. The os still remained rigid, and refused to admit the hand. After the second bleeding she was quiet for an hour and twenty minutes, when she had the last paroxysm, which was the most violent and terrific I ever witnessed. Thinking she would die, and being obliged to leave her, I made known my fears as to the result, and explained why she could

not be delivered; I, also, told the friends that relaxation would probably occur before death, and that while in articulo mortis, nature might effect her delivery. At 10 P. M., I was again summoned, and found the head of the child protruding from the vulva; I immediately delivered it, but it was *still*, and in a few minutes removed the placenta. No blood escaped from the vagina. She had been free from convulsions since I last saw her. In all, she had sixteen paroxysms, which occurred between 6 A. M. and 3 P. M. Before leaving her I drew off her urine with the catheter.

17. Can speak this morning, but is still delirious; takes a sup of water when given her; pulse 114 and small; considerable heat of skin; ordered ant. et Potas. ⅛ gr. every three hours. Would not permit me to introduce the catheter. *Evening.*—Not much change since morning; less fever, but mind is about the same; continue tartar emetic; still refuses to have the urine drawn off.

18. Much improved; knows everybody, and laughs and talks when spoken to; pulse 84; tongue nearly clean; has considerable strength, though she takes but little nourishment. I suggested to her to use the chamber, which she did; and passed her urine which had been retained 33 hours. *Evening.*—Has a little more fever.

19. Was called 1 A. M.; found she had slept none, and was slightly delirious; gave pulv. doveii gr. x, and afterwards, as her bowels were costive, ordered ol. ricini, ℥ss. 9 A. M, slept none all night; bowels not moved; ordered more oil. *Evening.*—Bowels moved three times. Milk is collecting and engorging the breasts; ordered it to be drawn off. Had a short "nap" this afternoon; mind more composed now; pulse 104; skin moist; still taking the tartar emetic.

20. Bowels moved again last night; slept pretty well; pulse 104; skin moist; tongue clean. Is now rational, and complains of vertigo, and of extremities being sore. The nervous system being less excited now, she feels weaker than before. *Evening.*—Bowels moved once to-day; pulse 100.

21. Pulse about the same; experiences a great deal of debility; appetite not good; has some cough. Ordered quiniæ sulph. gr. j. in ter die, and an expectorant of equal parts of syr. scillae, syr. ipecac, and tr. opii et camph. *Evening.*—Pulse 88; improving; bowels not moved since 20th; slight headache.

22. Sat up in bed, to take breakfast and dinner; appetite and strength improving slowly; pulse 96; bowels moved once; cough better.

23. As she is still very weak, ordered iron by hydrogen gr. ij., in ter die; continue the quinine mixture; has some headache.

24. Feels much better to-day; pulse 96.

27. Pulse same; sits up in bed now and feels much stronger.

March 13. Has only been out of bed twice yet; is still weak; appetite tolerable; sweats a great deal at night; ordered tr. ferri chlor. gtt. xx., ter die.

An abscess is forming in one breast; as it was exceedingly painful towards evening, I was sent for; when I made a free incision, and evacuated a large quantity of pus.

21. Is now up, and doing light work; has been up nearly a week; breast nearly healed; milk dried up. I saw her frequently, afterwards, and her health was perfectly re-established.

On the treatment of Mammary Inflammation and Abscess. By O. C. GIBBS, M. D.

Inflammation of the female breast, terminating often in abscess of a more or less troublesome character, is an affection so common after pregnancy, as to be familiar to every practitioner. The irritation and congestion which accompanies and succeed the secretion of milk, often exceed the healthy standard, particularly after deliveries with first children; the breasts become hot, tense, and painful, to which symptoms inflamma-

tion and abscess frequently succeed. When, in case of absence of the nipple or from any other cause, the breasts are but imperfectly unloaded, mammary inflammation is a common sequence. When the nipples become sore, and consequently nursing extremely painful, milk is often allowed to accumulate in the breasts, until a troublesome and painful train of symptoms has been commenced, too often leading to the disease under consideration. Mammary abscess is doubtless more common in cities than in the country. Many mothers, filled with false and nonsensical notions of propriety, refuse to perform the pleasurable and sacred duty of nursing their offspring; and this foolish disregard of a natural obligation and a holy instinct, frequently entails upon the perpetrator the above mentioned affection of the breast, accompanied with no small amount of suffering and pain, and sometimes death.

The suffering and constitutional disturbance, which accompanies inflammation and abscess of the female breast, is by no means inconsiderable. But few organs are subject to disease more troublesome, or pain more excruciating. Many women suffer more from disease of the breast, after confinement, than even during parturition. If the suffering is not as severe, it is more enduring; productive, ordinarily, of more constitutional disturbance, and often more destructive to life. In view of these facts, mammary inflammation is worthy, at the hands of physicians, of the highest consideration, and the utmost therapeutic skill.

Of the causes and symptoms of the disease under consideration, we do not propose here to speak; they are sufficiently familiar to every practitioner. Suffice it to say here, that inflammation and abscess of the female breast, is by no means a disease peculiar to the early period of nursing. The worst case of mammary abscess, that ever came under our observation, occurred in a pregnant female, several weeks previous to confinement. Another case of inflammation of both breasts, and abscess in one, that has come under our observation, came on at the time of weaning, after fifteen months of continuous nursing.

In the *treatment* of inflammation of the breast, a great variety of plans and remedies have at different times and by different persons been proposed. It is evident that the treatment must vary with the indications to be fulfilled by the administration of remedies, and the indications are three-fold. *First*, to prevent inflammation; *second*, when inflammation of the gland is present, to effect resolution; and, *third*, when suppuration can not be prevented, or has already taken place, to promote the rapid cure of the abscess.

1st. In preventing inflammation; simultaneous with the secretion of milk, its abstraction should be commenced, and in no case should the breasts be allowed to become much distended by retained secretion. The most natural way of accomplishing this, is by nursing the new-born child. But, in cases where the offspring is still-born, or in cases where nursing is considered, from good reasons, injudicious, the breasts must be emptied by artificial means. Whatever means be employed, the evacuation should be so perfectly performed, as to prevent any considerable distention of the mammary glands. In cases of absent nipple, a false one should be substituted. These nursing attentions, always judicious and appropriate, will but seldom fail in preventing the disease. But, in case these means are neglected or prove ineficient, and the irritation and congestion of the gland exceed the healthy standard, and pain and feverishness supervene, cooling diaphoretics and saline laxatives, should be administered, unless counter-indicated by other symptoms, and the breasts should perseveringly be kept emptied of the milk secretion, as directed above.

2d. When, from any cause, inflammation of the gland is absolutely present, the treatment detailed under the first indication is equally appropriate. And in addition, we have found nothing so efficacious as the local application of *iodine*. We do not now remember of making application of this remedy early, or before suppuration was absolutely and immediately threatened, but what resolution was accomplished without the formation of pus. This local remedy is not original with us,

and we do not now know to whom we are indebted for the idea. If, in subsequent cases and in other hands, the remedy should prove as efficacious as in previous trials, it will most certainly be a most desirable therapeutic acquisition, in the treatment of mammary inflammation. We have thus far made the application in the form of tincture twice a day. We advise the whole inflamed surface, to be penciled with the tincture and then covered with oiled silk. Perhaps the iodine ointment would be preferable, but we have so far been so well satisfied with the tincture, as to be reluctant to make a change.

3d. If, from the neglect or inefficiency of the above mentioned treatment, suppuration should be unavoidable, poultices should be employed, and when established, the pus should be thoroughly evacuated. The abscess should never be allowed to break of itself, for, in this event, pus is apt to borough in the glandular structure of the organ, sinuses to form, extending the boundaries of the disease, until the constitution severely suffers from the extent of the suppurating surface. So soon as matter is detected, the breast should be opened sufficiently free to effect its complete evacuation. From a neglect of this direction, suffering is often very much enhanced, and the duration of the disease very much protracted. After the pus is evacuated, the breast should be thoroughly compressed, by the means of adhesive straps, so as to bring the walls of the abscess into coaptation, prevent the retention of pus, and facilitate the occlusion of the cavity. These directions are of paramount importance. If early opening and proper compression were universally resorted to, we are of the opinion that bad and protracted cases of mammary abscess would be extremely uncommon.

When sinuses do form, they should also be freely opened, and, in the event of the abscess failing to speedily heal, the cavity should be injected with a solution of iodine, of appropriate strength, in connection with compression.

Beef-tea and tonics should be employed, when the suppura-

tion is considerable, depressing materially the powers of the system.

By faithfully fulfilling the first indication, very many cases of mammary inflammation may be prevented; by fulfilling the second, abscess of the breast may be rendered less frequent; and by attending to the third, much of suffering may be prevented and convalescence earlier established.

Case of Constipation terminating in perforation of the Bowels. By R. R. McMeens, M. D., Sandusky, Ohio.

Editor Lancet:—Should the history of the following case of constipation, and its fatal consequences, prove sufficiently intrusting to warrant, in your opinion, an insertion in the Lancet, you can so dispose of it. The only objects contemplated, consist, in stating one of the pathological conditions likely to ensue from disregarding the demands of the most simple therapeutical indication, as confirmed on dissection, and to depict the danger of too long a dalliance with the "dainties" of homœopathy. Mr. E. S about 50 years of age, of billious temperament vigorous constitution, plethoric habits, free in indulgence at table, but not intemperate, somewhat corpulent, but active and industrious, had for some time suffered from occasional attacks of obstinate constipation, induced as he surmised, from irregular habits incurred, and the resisted solicitations of nature, imposed by the frequent and rapid journeys he was compelled to make, in transacting extensive commercial operations. The unpleasant effects of which, he was accustomed to relieve, by resorting to some ordinary or reputed cathartic, selected and administered upon his own responsibility. This always afforded a complete respite, for the time being. But the same difficulty invariably recurring upon every sojourn from home, and requiring the same routine of remedies upon his return, and producing an unwonted dejection of spirits, and disinclination to business, became both irksome to himself, and solicitous to

his friends; and upon their recommendation, resolved to consult some physician, in the hope of securing a permanent exemption from a like repetition if possible. Through the predilections and earnest importunities of his wife, who was unfortunately infatuated with the fashionable folly of the day—he was influenced to employ the practitioner of her favorite system, although entertaining but little confidence, in the efficacy of the chimerical fallacy himself. The result was of course, that all his previous proceedings, were denounced as decidedly detrimental and dangerous, and that an entire eradication of his disorder, could only be effected by the patient and persevering use of "pellets." This advice, from partiality, plausibility, or assurance, was at once adopted, and faithfully followed.

He again resumed his usual avocations, and previous mode of living, with his prophylactic in his pocket, and was again absent for nearly two weeks, during which time he had no more desirable dejections, than on former occasions in like circumstances, and returned home suffering from the same symptoms as severely as at any former period. But was persuaded to still further delay more decisive measures, by the prospects of enduring benefit to be ultimately derived. But soon becoming discouraged by "hope deferred" and increasing distress, he determined to procrastinate other recourse no longer.

Accordingly I was requested to see him on the 25th day of January, 1852, found him reclining on a sofa, complaining of an irresistible disposition to continual drowsiness; gloomy and heavy depression of spirits; some dyspnœa; slight paroxysmal pangs of colic, a sense of general discomfort, and constantly harrassed by vague impressions of impending defecation; pulse slow and laboring; furred tongue and foul breath; the colon traceable throughout its whole extent from its state of distention.

Such symptoms with the narration of facts, as above related, defined an unmistakeable diagnosis. Full doses of castor-oil were at once ordered to be taken in mint water, with injunc-

tions to be repeated every three hours, unless rejected by the stomach, and simultaneously directed the frequent use of tepid water as enemata. Also stimulating embrocations to be freely applied over the surface of the abdomen. Much difficulty was at first experienced in administering the enema's from the loaded and impacted state of the rectum; but succeeded after a short time in dislodging a larger mass of indurated forces, chiefly by means of a *spoon handle.* After which, by the use of full and frequent injections, a large number of hard dessicated scybala were discharged, partially coated with a thick white mucus, sometimes tinged with blood, and often followed by a thin and acrid liquid of a very fœtid character. In the course of twelve hours, the oil which had been taken, operated freely, procuring full feculent stools, which afforded great relief, as well as gratification to my patient, and he partook of some light and laxative nourishment, with much relish. Towards morning another very good evacuation was obtained, and he expressed himself much improved.

On the evening of the 26th, another portion of oil was advised, which acted satisfactorily in about three hours.

On the morning of the 27th, considered my patient convalescent, and only enjoined diet.

Called at the door of his residence on the morning of the 28th, was met and greeted by Mr. S. himself, apparently very cheerful, humorously inquiring "*what I wanted,*" remarking at the same time, that he required no further medical advice, as he designed dining on venison that day, and cordially invited me to join him, to which I readily acceded. Alas! for human hopes, truly "A man little knoweth what an hour may bring forth."

About 11 o'clock, I was hastily summoned to visit Mr. S. said to have been suddenly seized with severe spasms. On reaching the house, I found him in bed, writhing in great agony, bathed in a cold clammy perspiration; small wiry and frequent pulse; intolerable burning sensation in the abdomen, which was tender and distended; great anxiety of counte-

nance, with an expression of intense suffering. Anodynes were immediately resorted to, and freely administered, warm fomentations applied to the abdomen, and warm stimulating injections given; but all without any apparent or sensible benefit. A high grade of febrile excitement, and a sense of insufferable heat, would as suddenly alternate with every symptom of severe prostration.

Being at a loss to satisfactorily account for such an alarming and unexpected change in the character of the complaint. I desired the assistance of counsel, and Dr. D. Tilden, Sr., one of the oldest and most experienced physicians in the State, was immediately called. But despite our combined efforts and unremitting exertions, no appreciable palliation or perceptible alteration could be observed from any application made or medicine administered, and all the appearances of approaching dissolution rapidly ensuing, he died about 4 o'clock in the afternoon of the 29th.

The unhappy and unlooked for termination, created no little excitement in our community, and enlisted much interest and anxious inquiry, among his numerous acquaintance. His loss being considered a great calamity to the commercial concerns of our city, from the prominent position he had long maintained, with universal respect and esteem.

From the circumstances under which I was called, the prejudices encountered and misrepresentations anticipated, manifested clearly the importance of procuring a post mortem examination at any hazard, both as a source of personal gratification, popular satisfaction and professional protection; this was generously granted without any opposition.

Securing the attendance and assistance of Drs. Lane and Cochran, a very careful and close investigation was made, with a determination to discover the pathological condition and nature of the disease, as well as the immediate cause of death.

First examining the contents of the thorax, they were found in a perfectly normal and healthy condition.

Proceeding to the cavity of the abdomen, the omentum presented evidences of high inflammatory action. The stomach and liver exhibited no signs of disease. Extending our observation to the intestinal canal, we discovered diffused and highly discolored patches upon its serus surfaces generally, and upon opening the peritoneal sac, a quantity of very fœtid gas escaped. Continuing our search, we discovered a number of small hardened scybala, retained, and embeded in the sacs of the colon, displaying different degrees of ulcerative action on the contiguous surfaces of the intestines; still further we perceived several complete perforations, and the escaped scybala lying within the cavity of the peritoneum.

These conclusive and occular evidences, demonstrated clearly the nature of the case, and accounted satisfactorily for the sudden and fatal relapse, as above detailed, which was unquestionably produced by the escape of pungent gas, and acrid contents of the colon, into the cavity of the peritoneum, upon the perfection of the perforation; the ultimate and irreparable result, of too long neglecting a timely and appropriate application of remedial agents.

The constipation was probably, originally contracted from the fatigue or inactivity usually attendant upon travel, united with irregular habits, unaccustomed diet and unseasonable hours, to which all itinerants are unavoidably subjected, and subsequently aggravated by improper or immoderate medicinal interference.

Constipation depending upon as many different pathological conditions, and demanding as diversified therapeutical applications, as any other disease, while none is more empirically or ambiguously treated, and none more abundantly supplied, with the secret and saleable nostrums of the age.

Correspondence.

Patent Surgical and Medical Instruments.

EDITOR WESTERN LANCET—*Dear Sir*—As all subjects coming within the range of our profession are proper subjects of enquiry, whether they be ethical or scientific, a few thoughts on the subject of patenting surgical and medical instruments, may not be amiss in a medical journal. It has assumed with us a new importance in consequence of the decision made at the last meeting of the Ohio State Medical Society. At that meeting it was declared "that it is as contrary to the liberal spirit of the age to take out a copyright for a book, as it is to get a patent for a surgical or medical instrument;" and further, that "it is *not* derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or medical instruments." The purport of these expressions, then, is, that it is honorable for a medical man to hold a patent for a surgical or medical instrument; and that copyrighting a book is dishonorable, provided the procuring of a patent right for a surgical or medical instrument is so; thus placing them both on the same level in medical ethics. If the society had gone one step further, and included patent medicines for the cure (?) of various diseases, then it would have been consistent. As it is the work was left unfinished.

The arguments advanced in favor of surgical and medical patents are, that skill, time and labor are expended in the production and perfection of instruments, and that a medical man has a right to the result of this expenditure; and that if they are not protected by law, others will get the benefit of his labor, talent, &c., and not himself.

Another argument is, that the copyrighting of a book is a case of precisely the same kind, and that this is not considered to be a violation of good medical ethics. It is argued, also, that it is *right* for a medical man to take out a patent for an instru-

ment, while it is *wrong* for him to obtain a patent for a medicine, compound, or preparation for the treatment of disease, on the ground that the principles of application, and the peculiarities of an instrument are easily understood, while a knowledge of the components of a medicine is kept secret. This is a brief statement of the affirmative of the question, as I understand it.

I propose to take the ground that if the medical profession is to be looked upon as learned, enlightened and liberal, then everymember of that profession is entitled to *all* of the know. ledge held by any other memberwithout paying anything for it, as for a secret, or for exclusive knowledge.

In writing out and giving publicity to knowledge, however, time and labor may be employed for which a remuneration may be proper, but then the knowledge is no longer exclusive. As soon as published it is the common property of all.

If it is right to hedge around the use and proprietorship of an instrument, then it is right to do the same by any other species of medical knowledge. Suppose that Bernard or any other experimental physiologist who is devoting his life to develop the hidden mysteries of our organizations should patent his discoveries, he could be justified by the same arguments that are urged in the case of instruments. He devotes his days and sleepless nights to the advancement of science; and what does he do with his discoveries? Does he patent them? No: in the true spirit of a medical philosopher he publishes them to the world, and any body who chooses may profit by them. They may be taught by others, disseminated widely and largely, and every body may reap the benefits of his labor. How absurd and ridiculous would it be for Marshall Hall to patent his discoveries in reference to the functions of the cerebro-spiral system, yet according to the reasons given for patenting instruments, he ought to do so. No one can deny that his discoveries are of great importance in a practical point of view, or say that his labors are less than are those who have invented mechanical instruments; so that according to the

principle of procuring surgical patents, he is justly entitled to their exclusive use, unless paid for imparting his secret or peculiar knowledge, with the privilege of using. Who would not turn with disgust from such pretensions? And yet the principle involved is the same.

Another argument is, that in securing a copyright for a book, this principle is admitted, and is acted upon by men of the best medical morals. If this is so, I say down with copyrights; let us have no more of them, and let us preserve ourselves free from all taint of exclusiveness: but the case is widely different, and may be stated in a very few words.

The *law* regards them as different, and the process of obtaining a copyright is entirely different from that of securing a patent. A copyright is granted an author to protect him in a piece of property, acquired by drudgery and well defined labor, just as a deed secures a man in his landed possessions. It is a piece of work for the general instruction of others; and he is entitled to remuneration for it the same as a *teacher* of medicine is entitled to remuneration for teaching medical knowledge, not medical secrets. No exclusive privileges are are given. The *knowledge* in the book copyrighted is not made exclusive; any man may write another book, and use every idea or every particle of knowledge contained in the copyrighted work. Here lies the difference. The knowledge in the book is common property, which may be taught, used, and appropriated, whether obtained from the book or received through another. The *use* of the knowledge knows no limits; it is not sold as knowledge, the use of which is confined to the buyer of the book, as is the case when a patented instrument is sold. The celebrated quack, Thompson, wrote a book giving directions how to use his alleged *great* discoveries. He got a copyright for it, but this was not enough; he knew this gave no exclusive right in reference as to *who* should use this knowledge. It only prevented publishers from duplicating his book. What then did he do? He patented the knowledge, the alleged discoveries contained in the book, so that

nobody should *use* them without paying for the *privilege of using* them. This illustrates the difference exactly between the copyright of a book, and the patent right of knowledge or the patent right of an instrument; for the patent of an instrument is for the purpose of protecting the knowledge involved in its construction, and in its application to disease; nothing more or less. In the case of the copyright it is *property* which is protected, and in the patent of an instrument it is *knowledge* before unknown, or a discovery or invention, which is rendered exclusive. Patenting a surgical instrument may prevent a man from using his own knowledge provided some one else happened also to have hit upon the same ideas, knowledge, discovery or invention before him, and protected it by law. A case of this kind recently occurred in New England, in the case of the "Yoke Splint." It would also be just as proper for a man to patent a peculiar operation as it would be to patent an instrument; and how would our profession present itself to the world if every man who invented an important operation should patent it? In this country we should have Physic's patent operation, Mussey's patent operation, Mott's patent operation, Dudley's patent operation, Gross' patent operation, Brainard's patent operation, Sims' patent operation, &c., &c. Where in the name of science would this lead us? Just upon the ground where quacks have, do, and always will stand. The boundary between us and them would be undefinable.

After what has been said, where is the difference between obtaining a patent for an instrument and for a compound for medicinal application? It has been said that the composition of a patent medicine is a secret. This is an error. The name of the articles of a compound must be put upon record at the patent office, and the patent obtained on the ground of some *peculiar* explained virtues possessed by the remedies in that combination, or from some newly developed or discovered properties in the article or articles themselves. A patent medicine therefore is no secret affair; it is divested of this attribute, and there

is no argument applicable to the instrument that is not equally applicable to a medicine, simple or compound; such as the expenditure of a great amount of time, thought and labor in bringing it to perfection. It is impossible to draw a distinction, and if a man is entitled under a state of good medical morals to a patent for one, he is for the other.

In these days when quackery is rampant, is it good policy, is it right for us to travel in our practices towards that offensive bane of our profession? Once take this step, and who can distinguish between charlatanry and scientific medicine? Rather let the division be drawn wider and deeper, so that the public even can see who is the true physician. Who it is that seeks to extend the benefits of this noble science, so that all the world may have the benefit of it, and who it is that would hedge it about and contract its beneficence for sake of money. If we choose to throw our profession of learning and liberality to the winds, and make medicine a mere trade, it may be consistent to place restrictions upon medical improvements. Then the man with his pills, powders and mixtures will also come in for his remuneration. He may sell his improvement in therapeutic combinations just as the inventor of an instrument may sell his mechanical contrivances adapted wonderfully to fulfil important indications in the cure of surgical diseases.

The true and only safe ground is that every man enlisted in scientific medicine should feel himself bound to contribute to the general stock of knowledge as much as may be in his power. He should impart freely and receive freely, in the spirit of true science, knowing no narrow or contracted boundaries, whether he be a physiologist, pathologist, therapeutist or surgeon. The reward which professional merit seldom fails to receive will almost surely be meted out to him; in addition to which the consciousness of having added something to the common stock of knowledge of that profession the glorious object of which is to ameliorate the sufferings of mankind, will be of itself ample reward to a man who loves and sets a proper value on his vocation. Bolster up professional

patents as you will, there is an innate sense in every medical man that brands it as opprobrious, and which cannot be reconciled with good professional morals. No man can enter the field and obtain a patent without acquiring a tarnished reputation; and if the recipient be a man who may have already acquired a good position in the profession the depreciation of character will be more obvious. In fact it would seem as if obscurity in a patentee is the only circumstance which renders the thing tolerable. If a man who has a high reputation in the profession should ask for and obtain a patent for an improvement, the enormity of the error would be plainly seen. Suppose for instance that Prof. Mussey, with his ripened and unsullied professional reputation should get out a patent for a splint or an instrument how would he stand before the profession? His two score and ten years of unblemished professional character would be damaged; yes, almost destroyed beyond redemption. His good deeds, and fair name, would not avail him in so fallen a condition. The united verdict of the profession would be to "cast him out." Why then level our professional standard *down* to the position of those who are not elevated. Why degrade it when there is no professional interest to be advanced by its degradation? It is to be hoped that the sober second thought of the Society will place the seal of condemnation upon this business.

MEDICUS.

CINCINNATI, April 5th, 1855.

T. WOOD, M. D.

Sir:—In looking over the Western Lancet this morning, I see that you make the following remarks in reference to the Transactions of the Ohio State Medical Society: "The question has been asked by quite a number of our correspondents, who are members of the State Medical Society, where and how are the printed transactions of the Association to be obtained? We suppose that a letter addressed to Dr. W. W. Dawson, of this city, who was one of the acting secretaries, would obtain

copies, though we have *failed* to get a single copy by personal application."

To prevent misunderstanding, by reference to the journal of the Society for 1854, you will see that it is the duty of the treasurer to notify all delinquent members, and should they fail to remit the amount of their arrearages, he shall notify the Publication Committee, and they are required to withhold the transactions from all such.

This may explain why members have not received their quota. Communications on the subject should be addressed to the Treasurer, P. M. Crume, M. D., Eaton, Ohio, as he is the only person who can know who are and who are not entitled to them.

An insertion of this will oblige,

Yours respectfully,

W. W. DAWSON.

[By the above it appears that I am placed as a delinquent member, and perhaps others who have written to me on the subject are on the same list. I have not received a notice from the treasurer that I am a delinquent, and further, I *know* that my dues are paid. If I appear on the treasurer's book as a delinquent, why have I not been notified according to rule? If I am not a delinquent, why do I not get my proportion of the transactions?—Ed.]

Mr. Editor—Controversy with an anonymous opponent seems much like doing battle with windmills, therefore I politely decline entering the lists with H. of Urbana, unless like H. of Zanesville, he shoulders the responsibility of writing over his own name, particularly as a comparison with my paper will show that *every* point he makes is already answered. But though at present declining controversy, my own character requires me to correct a misstatement of H.'s. He represents me as charging him with blasphemy, for saying "the *Word of God* is infinite." No such thing—his words are in

the last two lines of his first paper. "The *Bible*, being the production of an Infinite Being, possesses an *infinitude of meaning*," the idea conveyed by the two last words being by me characterized as blasphemous, *because* charging God with dishonesty? It is sheer prevarication to identify the *Divine* Word (Logos,) of which John speaks, with the Bible, much of which was *not written* when John wrote the sentence quoted by H. Yours with high regard,

JOHN G. T. HOLSTEN.

[We have given both sides of this controversy a hearing, and hope that it may now close.]

Hospital Reports and Reports of Cases.

Case of Lithotomy. By W. H. Mussey, M. D.

I. R. admitted May 25th, 1854, farmer, native of Marion Co., Ia. From childhood has had "trouble" with his urinary apparatus. The intensity and frequency of paroxysms of distress augmenting year by year, until Nov. 1853, when the operation of lithotomy was performed, and a calculus one inch in diameter was removed. The wound healed well, and the patient was relieved for a time. But the distress in the bladder returned. The symptoms of "stone," were manifest on his entering the Hospital, and an exploration fully verified the supposition that the patient again had stone in the bladder. As the patient dreaded to be cut again, Dr. W. H. Mussey decided to attempt the removal of the calculus by *crushing*. After seven days of preparation (by withholding animal food, and giving largely of mucilaginous drinks with a decoction of pareira brava), the irritability of the bladder having diminished, the patient was placed upon the table to

be put in the anæsthetic state. The effect of the agent, (mixture of chloroform one part, sulphuric ether two parts), was not satisfactory, producing great muscular rigidity, and interfering with respiration, so that it was thought prudent to keep the effect short of profound anæsthesia. The bladder was filled with thin mucilage, a medium sized lithotrite, (M. Charrere's model), was introduced, but its presence in the bladder caused violent contraction of the viscus, so that the instrument could not be rotated. More of the anæsthetic agent was *cautiously* administered, till there was complete muscular relaxation; but every attempt to move the instrument was foiled by the contraction of the bladder, and it was decided to postpone for the present further manipulations.

Slight irritation of the bladder followed which having subsided, a second trial of the "lithotrite" was made June 5th, without the use of chloroform and ether; resulting in the removal of several fragments of stone and considerable sand. Mucilaginous drinks were continued, and for the next 48 hours, each discharge of urine was accompanied with small particles of stone. On the 12th, the "lithotrite" was again used with results identical with the preceding operation, and on the 17th, the instrument was again introduced, a small fragment was seized and broken up. After 18 hours no traces of sand could be found in the urine, An exploration of the bladder was made on the 21st, and again on the 22d, without discovering any trace of calculus. The patient was discharged, expressing a very decided preference for this mode of relieving him. He was directed to use daily half a pint of a decoction of pareira brava, ʒi to Ojss. At the expiration of six weeks, the patient reported himself to Dr. Mussey as having had no symptoms of the return of the disease. He was ordered to continue the decoction a month longer, after which he was to have the alcoholic extract of nux vomica, half a grain three times a day for a month, and then gradually reduce the amount till he should discontinue it. In October, no symptom of the return of the disease had been observed.

Case of Gun Shot Wound of Liver and Lung; Death. Reported by C. THORNTON, M. D., Resident Surgeon, Commercial Hospital.

Patrick Drury, age 23, laborer, was brought into the Hospital on the night of the 3d of April, about midnight, with a gun shot wound of the right chest. He stated he had been shot in the back about two hours since; that he had been examined and prescribed for by Dr. Davis, who administered Brandy, and applied a roller around his chest. He had bled and was still bleeding profusely. Countenance anxious; pulse 90, feeble; respiration hurried and painful, air entering the lung within a short distance of the perforation. No cough or expectoration of blood. The anterior wound was ragged and *everted;* posterior smoother and *inverted.*

Ordered to be kept perfectly quiet.

April 4th, 9 o'clock, A. M. Much more quiet; pulse fuller and stronger; slept none; skin rather cool; bowels not moved for 3 days. Resp. murmur same.

℞ Sul. Magnesia ʒss.
Tart. Antimonii grs. ij.
Sul. Morph. grs. ijss.
Aqua Dist. ʒjv. Mix. Sig. ʒss., every hour.
℞ Veratrum Viride Tinct. grs. ij., every 2 h'rs.

12 o'clock, Noon. No manifest change; bowels not moved. ℞ cont. med.

3 o'clock, P. M. Dyspnea; face livid; pulse failing; omit med.

5 o'clock, P. M. Pulse gone at wrist; extremities becoming cold; surface bathed in cold perspiration; great dyspnea. Died at 6 o'clock, P. M.

Antopsy sixteen hours after death.

About four pints of blood was found in the right pleural cavity. The ball was found to have entered the back, one half inch to the right of the spinal column, between the ninth and tenth ribs, carrying away the upper portion of the tenth; entering the liver at the lower edge of its posterior border,

near the middle of the right lobe, thence obliquely upwards, lacerating two or three large branches of the portal vein, and emerging from the liver just posterior to the middle of the bilateral diameter of its right lobe. Thence, passing through the diaphram, it perforated the inferior lobe of the right lung, about half an inch from its lower border, and escaped from the chest on the right side, between the sixth and seventh ribs, five and a half inches to the right of the sternum. The lung surrounding the course of the ball was found much congested.

The French Field-Hospitals, or Ambulances.

We offered in our last *Lancet* a description of the military hospital of the French, and now proceed to say a few words on their ambulances.

The word *ambulance*, or field or flying hospital, is very familiar to most of our readers; but many are, perhaps, not aware of the actual manner in which these hospitals are organized and conducted. A few details may probably be welcome.

The principle upon which the whole arrangement rests is, that the medical officer—viz., the scientific man should not be harassed with anxiety about stores and packages, and that those matters should rest entirely with responsible agents, whose duty it is to attend to his directions, within the limits of the regulations. Hence we have the following practical divisions:—

The medical officer at the bedside is invested with the whole control and management of his patient. The pharmacien, upon the surgeon's prescriptions, prepares the medicines; the clerk sees to the procuring and proper use of the required articles of furniture, and to the carrying out of the diet-cards filled up by the medical officer; the ward attendant takes the immediate charge of the sick or wounded man; the sisters of charity and chaplains aid in the work of benevolence and kindness: the assistant commissariat officer, who receives orders from his superior, watches over the management of the whole; and the regular working of these secures a perfect unity of action.

The ambulances, temporary hospitals, and convalescent depots are intended, during a champaign, for the reception of

the wounded or sick soldier. If the seat of war is too distant from the frontier of France, where hospitals are organized for the reception of the sick or convalescent, an eligible locality is chosen for the erection of temporary hospitals; hence the great central nosocomial establishment of Constantinople. Now, these various modes of relief for the soldier—viz., the ambulance, the temporary hospital, the convalescent depot, and the permanent hospital, have each a peculiar organization.

The ambulance is the moveable hospital which follows the army in all its movements. There are ambulances for the infantry, and others for cavalry—all connected with the different divisions. At head-quarters there is, besides, a reserve of surgeons and two ambulances of infantry and one of cavalry, always ready to go forward at a moment's notice. It was important, in order to insure lightness and rapid movements from one place to another, to arrange the packages so that they might not prove cumbrous under any circumstances. Everything must, therefore, be reduced to the least volume, and all the requisites for dressing wounds are disposed in paniers, the weight of which is so calculated as to suit the strength of a pack horse, in case the usual wagon breaks down, or cannot be got through a difficult country.

Only five carriage boxes are allowed for the reception of the following articles: amputation and trephining cases, tents, litters, splints, solidified broth, brandy, linen and lint, medicines, &c. These five boxes or cases constitute an infantry ambulance, and provide 8900 dressings. Three cases, with 4900 dressings, form a cavalry ambulance. These ambulances are subdivided into active and reserve sections. The *reserve section*, which comprises two cases for the infantry, and 3500 dressings; and one case, with 1500 dressings, for the cavalry, remains generally with the wagons attached to the corps, and is kept ready to supply the *active section* with any article which may be wanted. The latter is again subdivided into ambulance *depot*, and *flying* ambulance.

The depot ambulance settles down at a convenient distance from the battle-field, and the attendants immediately take down the cases from the wagons, prepare the linen, lint, dressings, &c. They light a fire, and immediately make, with their solidified broth, a good saucepanful of soup. This is called the *precaution soup*, and thus they have at once what we should call beef-tea for the wounded. Everything being thus prepared, a red flag is unfurled, to apprise the wounded men

where they can get relief. The flying ambulance goes, in the meanwhile, to the immediate rear, *within* the enemy's range, to attend to the men who receive dangerous wounds. At the same time, clerks, under the command of commissariat officers, and accompanied by medical officers, proceed along the lines, and cause the wounded to be taken up by the attendants and the drivers. This latter arrangement is especially intended to prevent the soldiers from yielding to compassion, and succoring their fallen comrades, no man being allowed to leave the ranks, however desirous of aiding the wounded.

The ambulances just described are called the European ambulances, but there is another kind, called African ambulances, which latter have been instituted to serve in countries devoid of roads and destitute of accommodation. An ambulance of this kind, calculated for a corps of 10,000 men, contans 6500 dressings, and requires 364 pack-mules. Twenty-four of these carry iron litters, on which soldiers who have had a limb amputated, may be placed; and 250 carry little arm chairs made of iron and leather, which may be unfolded, slung, and fastened to the pack-saddle, and will take a patient on each side of the mule.* The rest of the mules carry the casks of diet, drinks, the stretchers, the blankets, the leather covers for the sick, the tents, the surgical boxes, the cases containing the drugs, &c. Sixteen medical officers, 7 clerks; and 104 attendants on the sick or wounded are attached to this ambulance, which is mainly intended by its fleetness for vanguard service, and for picking up the wounded on the field of battle. Both the European and African ambulances are being used in the Crimea with the best effects.

One hundred light carts have lately been sent to the seat of war by order of the minister. Three wounded men can be accommodated on the front seat; there is a case behind, properly secured, which is so made as to contain two stretchers; and boxes, surrounded by wire-work, are intended for the guns and sacks of the soldiers. These carts, though light, are very strong, and may if necessary, be drawn by one horse only.

Such are the characters of the ambulances, the peculiarity of which is, to move rapidly from place to place, and to be ready for all the emergencies of war. Thus, before Sebastopol, the ambulance placed in the trenches receives the wounded immediately they are struck, and these are sent, after the

* See, in the Illustrated London News, Jan. 27th, 1855, p. 80, a print of these "*cacolets*."

first dressings are applied, to the ambulances placed behind the lines. Hitherto all the sick and wounded were attended to in the latter ambulance until they could be removed to Constantinople; but General Canrobert has just established a temporary hospital on the beach of the bay of Kamiesch, which hospital accommodates 500 patients. This is a great boon for the sick, a great proportion of whom will be saved the tedious and perilous passage to Constantinople in this inclement season. Although this hospital is only temporary, it is established according to the regulations of the permanent institutions of the same kind. Hence the medical staff for the 500 patients is composed as follows:—Two chief medical officers, three principal ones, and twelve assistants; one chief pharmacien and two principal ones. The food is the same as in the hospitals at home, but the men are not given hospital shirts, trousers, or great coats. The bed furniture is not so complete as in the permanent hospitals, but each man has a palliasse and a blanket; and, for every twentieth man, there is one mattress, three sheets, caps for the fever patients, various vessels, &c. The whole of the articles for such a temporary hospital weigh 300,000 pounds, and require fifty-five cubic yards of stowage; the pharmaceutical portion weighs about 3600 pounds, and requires nine cubic yards' stowage.

A convalescent depot has also been established, where soldiers are under the same discipline as with their regiments; but they receive double rations of wine daily, and are exempt from duty until they have completely recovered.

The permanent hospitals are, of course, not restricted as the one just described, hence the hospitals of Constantinople are under the same regulations, and in possession of the same articles, as those of France. Ten thousand either wounded or sick soldiers receive at this moment, though 800 leagues from their country, the same attention as they would have at the Val de Grace or Gros Caillou in Paris.—*London Lancet.*

Proceedings of Societies.

Pathological Society of London. Mr. Arnott, President.

Dr. Snow Beck read a report on the specimen of *disease of the uterus*, presented at a former meeting by Dr. Gibb. The body of the uterus was enlarged; both fallopians were much enlarged, the fimbriated extremity of the left being the size and shape of a small hen's egg. The contents of both showed altered pus corpuscles, a few groups of small fat globules, some columnar epithelium, and much granular matter. An irregular-shaped cavity existed at the juncture of the uterus with the vagina, with a dirty-grey colored base. This cavity communicated anteriorly with the bladder by an opening large enough to admit four fingers, and extended upwards between the uterus and rectum. The mucous membrane of the upper portion of the vagina was destroyed. The cavity of the uterus was enlarged, the substance of the organ of a dull-red, and softened; it terminated at the internal orifice. The whole of the cervix was thus destroyed. Portions of the tissue taken from the body and cavity of the uterus, the edges of the opening into the bladder, the upper part of the vagina, and different points of the surface of the cavity, and examined with a magnifying power of 500 diameters, showed unequivocally the somewhat square, angular, irregular shaped and irregular sized, light-yellow granular corpuscles, without nuclei, which characterize tubercle; also much granular matter, and several fat globules. Although the neck of the uterus was destroyed, yet, looking at the evidence of the spreading of the disease, there appeared no doubt but that this tubercular affection commenced there and spread to the neighboring parts, likewise destroying the upper part of the vagina, the posterior part of the bladder, and probably the left ovary. The process of softening and destruction was going on in the body of the uterus, commencing in the lining membrane and extending into the proper tissue. Much interest was attached to this specimen, as all authors agree in stating that tuberculous disease of the uterus is united to the cavity of the body. Rokitansky says, "It is curious that the tubercular deposit stops short at the cervix and very rarely passes even beyond the internal orifice of the womb: the vaginal portion is never affected with the tubercular disease." Dr. Oldham remarks,

"This disease (uterine phthisis) is strictly limited to the cavity of the body of the womb, and does not touch the cervix; but a clear line, separating the diseased from the healthy structure, exists at the os internum."

Dr. Peacock exhibited four specimens of diseased heart, to illustrate the changes which take place in the weight, size, and form of the organ in different diseases.

1st. The first specimen was from a girl, ten years of age, and presented great disease of the mitral valve, with paralysis of the right side, the mitral aperture being so contracted as only to admit the passage of a ball twelve lines in circumference. The left ventricle retained its natural size; but the left auricle, and the right auricle and ventricle were much dilated, and their walls thickened; the aortic aperture was small; the pulmonic much larger than natural. The shape of the heart was reversed, the transverse diameter being longer than the longitudinal. It weighed seven ounces fourteen grains, or about a third more than natural.

2d. The second specimen was removed from a man, twenty-one years of age. The mitral aperture was greatly contracted measuring eighteen lines in circumference, and the lungs were emphysematous. The heart in this case was also broader from side to side than longitudinally; and while the left ventricle was a little altered, the left auricle and the right cavities were enlarged, and their walls hypertrophied; the right ventricle especially so, its parietes measuring seven lines in thickness. The organs weighed fourteen ounces, or about half as much more than natural.

3d. The third specimen was one of obstruction and regurgitant disease of the aortic valves, removed from a tall and powerful man, thirty-nine years of age. The heart was of very large size, and weighed twenty-five ounces and three quarters, or upwards of double its weight; it retained the natural form, the longitudinal diameter being the largest, and the increase of size depended chiefly on the enlargement of the cavity of the left ventricle and the thickening of its walls, which measured eight lines in width. The other cavities were hypertrophied, and dilated to a less degree.

4th. The fourth specimen was one of combined aortic and mitral valvular disease, with adherent pericardium, and the form and size of the organ was intermediate between that in cases of aortic and mitral valve disease alone; both the left and right ventricles being much hypertrophied and dilated.

The organ weighed sixteen ounces, or about double the weight it should for a boy eighteen years of age.

Dr. Snow asked if the kidneys are generally diseased in cases of enlarged heart without valvular disease; and whether there was any disease of the kidneys in the cases related by Dr. Peacock.

Dr. Peacock, in reply, said, that in many there is disease of the kidneys; but, in the cases related, the kidneys were not diseased.

Dr. Brinton related a case which had occurred a year or two ago in his practice. A tradesman, after getting wet on top of an omnibus, was attacked with cold and pain in the precordia, followed in a few days by dropsy. He had been ill about ten or twelve weeks when seen by Dr. Brinton; at this time the heart was much enlarged, and marked systolic bellows-sound was audible at its apex. The urine was loaded with lithates, and had a mere trace of albumen; the lungs were infiltrated, and the belly tense with fluid; there was general anasarca. Death took place in six or eight weeks, after about four or five months' illness. the *autopsy* showed that the heart was enormously hypertrophied and dilated, without any valvular deposit. The kidneys were healthy.

Dr. Peacock wished to know how Dr. Brinton could explain the presence of systolic murmur.

Dr. Brinton, in reply, said, that the bellows-sound at the apex had been attributed by him during life to a mitral regurgitation, and the enormous dilatation of that orifice after death seemed to establish that such must have been the case. The valvular aperture was so wide that it appeared impossible to close it by any distention of the left ventricle.

Dr. Ogle and Mr. Gray stated that there is a human heart in the museum of St. George's hospital weighing five pounds.

Dr. Septimus Gibbon exhibited a specimen of *chronic ulcer of the stomach*, which was taken from a sailor, who was admitted into the London Hospital, attacked with vomiting and apparent disease of the stomach; he was shortly after seized with vomiting of blood, and sunk in a few days. At a post mortem examination, chronic ulcers of the stomach appeared to be the cause of death.

Dr. Gibbon also exhibited a specimen of *ulceration of the duodenum connected with a burn*, which was taken from a man forty-five years of age, and who was admitted into the London Hospital. The patient fell into a cauldron of boiling

water. On the eighth day after his admission, he was attacked with vomiting and diarrhœa, and died on the sixteenth. A general examination of the body was not allowed, but the friends consented to allow an inspection of the duodenum, which was found in a highly vascular state along its whole length, and studded with small ulcers.

Mr. Gray said that it had been asserted by most pathologists that the duodenum is generally found in a state of ulceration in connexion with burns; but in no case examined at St. George's Hospital was that state found associated with burns. In one case there was found ulceration of the duodenum and of the other small intestines, and in one examined by Dr. Ogle there was found ulceration of the ilium.

Dr. Gibbon had only seen ulceration of the duodenum in children. This was the first case in which he found it in an adult. He has seen ulceration of the ilium.

Dr. Ogle exhibited a specimen of *a loose body found within the peritoneal cavity*, which was about the size of a large almond, flattened on both surfaces, perfectly smooth, and of a pearly color. It was found whilst examining the body of a man who died after an accident; it was seen to drop from between the liver and diaphragm into the general cavity. On inspecting the liver, a deep depression was discovered in the upper surface of the right lobe, which corresponded to the size of the body, and was lined by the fibrous and peritoneal covering of the liver. The margin of the depression was rounded, and at one part was attached a shreddy portion of fibrous tissue, of about one-sixth of an inch in length, which probably served as a pedicle to the body. The coverings of the liver near to the depression were thickened, very opaque, and puckered, as if traction had taken place by means of the pedicle. The body, when opened, consisted mainly of a quantity of yellow, friable matter, gritty to the knife; it was surrounded by a tolerable thick coating of pearly, thick, fibrous tissue, of the consistency of firmly coagulated albumen. The yellow matter presented amorphous, granular matter, fatty particles, and much of the carbonate of lime, mixed with numbers of dark yellow and irregular cell-looking bodies, of large but variable size. It appeared that the body had grown from, most probably, the superior peritoneal tissue of the surface of the liver, and as it increased, was pushed down by the diaphragm into the liver, and the pedicle snapped under violent concussion during life, the body being thereby displaced

and found its way into some part of the abdomen. It seemed that possibly the body had its origin in degenerate entozoa, such as echinococci.

Dr. Snow Beck exhibited *the stomach, spleen, with part of the large intestines and omentum*, taken from the left pleural cavity of a lady, aged 24, whom he had been suddenly summoned to attend. When he arrived at the residence of the young lady, she was expiring. He learned that she had dined heartily off roast hare, and soon afterwards complained of severe pain in the region of the stomach, which continued till her death. At a post-mortem examination, the stomach, which was distended with flatus, and containing parts of the hare, was, together with two feet of the large intestines and omentum and the spleen, found in the thoracic cavity, having escaped through an aperture in the diaphragm, which he (Dr. Beck) considered to be congenital. The left lung was small and congested, and was pressed against the side of the chest; the right lung was also congested and bloody, and broke down under the finger; the heart was rather small, and almost healthy; it contained no blood in any of the cavities. The lady was tall, healthy in appearance, very attractive, and of good make and figure, and, for the last two years, fond of dancing. She complained of shortness of breath to a slight extent after dancing and running up stairs. The uterus was enlarged, anteflexed, bent almost at right angles; menstruation regular. There was no symptom observed during life, to mark this condition of the uterus. The condition of the uterus was instructive, as testifying the opionion that displacements, unaccompanied with any other disease, were not attended by any morbid symptoms, and required no remedial treatment. These cases demonstrated the impropriety of introducing a foreign substance into the uterus, to remove a condition at worst only an incipient alteration of position.

In reply to a question from Dr. Gibb, Dr. Beck stated that the lady did not have recourse to tight lacing during life.

Mr. Partridge.—Was the opening in the diaphragm recent or old, and suddenly become enlarged?

Dr. Beck.—There was no evidence that it was recent; it probably existed from birth. He was inclined to suppose so.

Dr. Crisp was disposed to doubt the existence of the opening in the diaphragm from birth; and related a case of a favorite hunter of his, which was suddenly taken ill. Thirty

drops of croton oil were administered, but the animal very shortly after died, when a similar state to that described by Dr. Beck was found, on a post-mortem examination.

Dr. Beck observed that the condition and situation of the lung on the left side was a proof that the rupture was not recent, and went to support the opinion of its being congenital.

Mr. Hutchinson exhibited *parts removed from the elbow joint, showing abscess in the ulna.* The patient, who was a stoker, was admitted into the Metropolitan Free Hospital, complaining of great pain in the joint, following a severe blow on the olecranon. Ordinary disease of the joint was supposed to exist, for which it was determined to excise it. In sawing through the ulna, matter suddenly escaped, when an abscess was discovered in that bone. The joint was also found diseased, the cartilages being nearly removed from the bones.

The President.—Was the abscess lined by a pulpy membrane?

Mr. Hutchinson.—Yes.

The President.—Was there any effusion into the joint?

Mr. Hutchinson.—It was pulpy, and pus had previously been evacuated.

Dr. Van der Byl exhibited a specimen of *neuroma*, which was removed from a subject taken to the Middlesex Hospital School from one of the work houses. A tumor was discovered on the posterior tibial nerve. On further examination, others were found along its course, but in no other part of the body. Very little, observed Dr. Van der Byl, was known of the histology of neuroma; and though Professor Robert Smith, of Dublin, had written a monograph on the subject, he had thrown no light on it, which may be accounted for by the fact that this disease was generally only seen after death.

Mr. Partridge doubted the case being one of neuroma, and proposed that Dr. Snow Beck be requested to examine and report on it, which was agreed to.

Dr. Brinton exhibited a specimen of *aortic and mitral valvular disease, with hypertrophy and dilation of the heart.* which was taken from a poor French refugee, who was admitted into the Royal Free Hospital in a moribund state. There was great pain at the præcordia, extremities cold, breathing difficult, with moderate general anasarca of the body. On examination, the lungs were found to be infiltrated with a fluid, while the heart, beating feebly and irregularly about 150 in a

minute, appeared to be enlarged. With such a rapid and feeble pulsation, it was not easy to make a satisfactory analysis of its sounds; but the second sound seemed quite inaudible, while the first was distinctly roughened at its base; the pulse, weak as it was, retained something of the jerk of aortic regurgitation. The diagnosis was, disease of the aortic valves, possibly accompanied by disease of the mitral valve, with moderate hypertrophy and dilatation of the heart. The autopsy, twelve hours after death, and twenty-four after the admission of the patient, confirmed this diagnosis. The aortic valves were pretty uniformly thickened by disease of long standing. The mitral orifice was dilated, and the ventricular side of the heart was occupied by a small, cartilaginous, warty mass. A smooth, elastic, tendinous cord passed across the left ventricle in an oblique direction, and was attached at each extremity to a fleshy column. Dr. Brinton was sorry to add, that the perfectly empty, white and contracted state of the greater part of the intestines, rendered it doubtful whether death was not partly attributable to starvation. The stimulants and food administered to him in the hospital were retained by the stomach.

Dr. Crisp exhibited a specimen of *fungus hæmatodes of the heart and spleen*, taken from a man fifty years of age, who was ill six months. The iliac and other pelvic bones were apparently first diseased, and at the period of his death the liver, spleen and heart, were also affected. The aortic blood, and likewise the granular matter of the tumors, contained numerous small, round, sporule-like bodies, about one-eighth the size of blood-corpuscles, which Dr. Crisp called the seeds of the fungus, believing that these bodies in certain localities underwent a kind of fructifying process, and that in this manner the disease was disseminated. The patient did not lose flesh, although disease to such an extent existed.

Mr. Henry Thompson related the particulars of a case of *acute suppurative nephritis supervening on chronic disease of the whole urinary tract, and exhibited the kidneys, bladder, and urethra.*

A patient, aged forty-four, had been more or less under Mr. Thompson's care for eighteen months; lately he was admitted into the St. Marylebone Infirmary. He had been for fifteen years the subject of stricture, and subsequently disease of the bladder and kidneys slowly resulted. He was admitted into the infirmary for rheumatism; when convalescent he went to

the surgical wards. During the first three weeks he improved considerably under treatment; but was seized with rigors, vomiting, and pain in the left renal region soon after. In about ten days he died.

Autopsy.—the left kidney was found enlarged, weighing twenty-one ounces, and measuring seven inches and a half long, by four and a half broad; the external surface spotted with small collections of pus; the right kidney weighed only three ounces, and was granular. The bladder exhibited marks of chronic inflammation, and was much thickened. The urethra was contracted in several parts, and two abscesses opened into it. Plates of the parts and microscopical condition of the tubes were shown by Mr. Thompson.

Mr. Hutchinson.—Was the size of the kidney, and the extent of nephritis, the result of retention of urine?

Mr. Thompson.—No; the patient never complained of retention of urine; and although contractions existed in the urethra, urine passed freely, and a moderate sized instrument could be passed into the bladder, but the man occasionally suffered from incontinence of urine.

Dr. Russell Reynolds exhibited a specimen of *scirrho-encephaloid tumor affecting the dura mater and cerebellum.* The patient, a woman aged fifty, suffered for twelve months intense paroxysmal, often lancinating, pain in the left occipital region; sensibility and mobility were slightly deranged on the left side of the body and face. There was no mental changes, or alterations of the special senses; no spasm, but there was progressive emaciation, total anorexia, and occasional vomiting.

Autopsy.—A tumor of irregular shape, nodulated on the surface, and of great hardness, was found adherent to the dura mater of the left occipital region, the latter being very firmly adherent to the bones, but neither bone nor membrane exhibiting any further sign of disease. The tumor, on section, had the consistence of fibro-cartilage, presenting in some parts a fibrous, in others a uniform, and in others an encephaloid aspect. A large nodule of calcareous matter occupied the centre. Microscopical examination revealed the character of a malignant growth—caudate and fusiform cells, with large granular nuclei, &c. In the apex of the left lung there was grey granulation, and softened tubercular deposit. There was no deposit in any other organs.

Mr. Hillman exhibited a large *fibro-cellular tumor*, removed after death from the gluteal region of a woman fifty-four years

old. Before its removal, the tumor appeared as an ovid mass, extending upwards two inches above the crest of the ilium—downwards, to below the tuberosity of the ischium—forwards, to the anterior superior spinous process of the ilium—and backwards, to the mesial line. On manipulation it felt tense and heavy, and was tolerably moveable, excepting about the middle of its base. The integument presented a cicatrix eight inches long, running vertically downwards over its greatest convexity; it was intimately adherent to the tumor, and resulted from an incision made by the late Mr. Vincent twenty-eight years ago, in an unsuccessful attempt to remove the tumor by operation. The mass was deeply situated, partly overlaid by the expanded glutæus maximus muscle; there were three elongations, or out growths at its base, one of which extended deeply into the interior of the pelvic cavity through the greater sciatic notch; and a third occupied the interval between the trochanter major and the tuberosity of the ischium: the first two of these portions presented each a constricted neck, where they were encircled by the resisting boundaries of the respective notches, and were somewhat expanded within the pelvic cavity. There was no enlargement of the pelvic or lumbar lymphatic glands. When removed from its position, the tumor measured nine inches by eight. It was invested by a capsule of fibro-cellular or areolar tissue, which might readily be split up into several layers, between which were some arterial and venous branches of considerable size. On making a longitudinal section, the tumor presented in most parts a pale yellow mass, intersected with fibrous bands of a whiter hue; in many parts there were deposits, more or less large, of a calcareous matter, more opaque and whiter in color than the general mass; imbedded in the substance, near the circumference of the tumor, was a somewhat irregular spherical portion, with pretty well defined limits, about three inches across, presenting to the naked eye the ordinary appearance of scirrhous cancer, and contrasted strongly with the other portions of the tumor. On a microscopical examination by Mr. Hillman and Mr. Brooke, the general yellow mass exhibited fine fibrous tissue, numerously interspersed with nuclear particles and minute oil globules. The gritty parts presented the usual appearance of calcareous degeneration; and the hard carcinomatous portion consisted of nucleated cells, imbedded in fibrous tissue. Mr. Hillman considered the tumor interesting—1st, on account of its age, having existed between thirty and forty years; 2d, on

account of its deep attachments, rendering its entire removal beyond the reach of art, compatible with the chance of a favorable result; 3d, as presenting an example of a fibro-cellular tumor, undergoing calcareous and fatty degeneration, and being also the seat of malignant growth of the nature of hard cancer.

Dr. Gibb exhibited *an apoplectic clot, fatty heart and liver*, taken from a woman admitted a patient at the St. Pancras Dispensary under his colleague, Dr. Cogswell, and who died shortly after being brought in. On examining the body the following day with Mr. Paine, an apoplectic clot was found in the substance of the right corpus striatum, protruding into the ventricle; all the vessels of the base of the brain were found in an atheromatous condition. The heart was in a state of fatty degeneration; but its valves were healthy. The liver was also fatty and much enlarged. The remaining viscera were healthy. There was no stertor before death.—*London Lancet.*

Reviews and Notices.

An Essay to prove the Contagious Character of Malignant Cholera; with brief instructions for its Prevention and Cure. By Bernard M. Byrne, M. D., Surgeon U. S. Army. Second Edition, with notes by the Author. "The promulgation of every truth is, in its general effects, beneficial—that of every error, mischievous." Philadelphia: Childs & Peterson, No. 124 Arch Street, 1855.

This is a handsomely printed book, bound in muslin, and contains 160 pages.

The author advocates the doctrine of contagion in cholera, and reviews in a masterly style the various points that have been raised in favor of or against this theory. We think he has shown an unusual degree of fairness in summing up the facts that have been advanced in support of both sides of the question, without warping

them from their natural direction, or giving to them perverted or unnatural interpretations. That cholera is contagious, this book clearly proves, if any thing short of an actual demonstration of the essence of the contagion can be received as proof. It is decidedly the most satisfactory and conclusive treatise on the subject, that we have perused; and, therefore, we heartily recommend it to the examination of every physician, and the community at large. For sale by the publishers.

The following named pamphlets have been received; for which the respective authors have our warmest thanks. Many of them deserve a more extended notice than we can at present give; but in a future number of the Lancet, we hope to be able to do justice to their merits.

"Lectures in reply to the Croonian Lectures for 1854, of Charles West, of London, on the Pathological Importance of Ulceration of the os uteri. By HENRY MILLER, M. D., Professor of Obstetric Medicine in the University of Louisville, etc. etc."

"Cases of Polypus of the Womb, with remarks. By WALTER CHANNING, M. D. Boston."

"Anniversary Discourse, before the New York Academy of Medicine. Delivered in Clinton Hall, November 22d, 1854. By JOHN GRISCOM, M. D."

"Discovery of the cause, nature, cure, and prevention of Epidemic cholera. BY M. L. KNAPP, M. D.

"An address to the graduating class of the Medical Department of the University of Nashville. By PAUL F. EVE, M. D. Nashville."

"On injection of the bronchial tubes, and tubercular cavities of the lungs. By HORACE GREEN, M. D., L.L.D. etc. etc. N. York."

"Second annual report relating to the Registry and returns of births, marriages, and deaths, in Kentucky, for the year ending December 31, 1853. By W. S. SUTTON, M. D."

"Nineteenth annual report of the managers of the New York Institution for the blind, to the Legislature of the State."

"Sixteenth annual report of the board of trustees for the benevolent institutions, and of the officers of the Ohio Lunatic Asylum, to the Governor of Ohio, for the year 1854. Columbus.

Progress of Medicine.

UNITED STATES.

Typhoid Pneumonia. By R. W. Janson, M. D. of Chesterfield Va.

Owing to the fatality of this disease, it must necessarily be one of considerable interest to the practitioner of medicine. According to Dr. Dickson, it made its first appearance in Melfield, Massachusetts, in 1806, from whence it continued to extend from village to village, through the middle states, and reached South Carolina in 1815–16, where it was extremely fatal among the negroes exposed to damp situations. It has since continued to make its appearance, during the winter, in the southern and south-western states—sometimes as an epidemic, at others sporadically.

Some little difference exists among more ancient writers concerning its name; but in the United States its derives its name from the predominance of particular symptoms. As it appears in this section of the country, we are satisfied with the typhoid pneumonia. In the cases which have come under my notice, the symptoms were variable, but all were preceded by cough of several weeks' duration; of which, however, no notice was taken, as it produced no uneasiness. In some, the disease was ushered in by chill, while others were suddenly attacked with intense pain in either one side or the other; great difficulty of breathing; severe pains in the back and limbs, with prostration of muscular strength, and general uneasiness; skin generally hot and dry; pulse soft and compressible; considerable expectoration of tenacious mucus, highly tinged with blood; tongue thickly coated with yellow fur, enlarged papillæ, tip and edges red; sordes visible on teeth after a few days; diminished sensibility, &c.

Typhoid fever having been the prevailing disease for several summers past, it was reasonable to conclude that the inflammatory diseases of winter would likely partake of this low grade of fever. Such has actually been the case; and hence I was more fully prepared to treat the disease under consideration.

The following was the plan adopted—and so far as my experience has extended, can be cheerfully recommended:

The lancet was not used; cups, over the seat of pain, were in some cases substituted. Nothing relieved the distressing symptoms so satisfactorily as an emetic of ipecac, and seneka. Calomel, followed by oil or rhubarb, was next given, and the system brought speedily, yet gradually, under the mercurial influence. For the first day or two, a large stimulating poultice was placed on the painful side. Upon its removal, a blister was applied.

As soon as ptyalism had been produced, it was necessary to use stimulants; of which, wine and quinine, in small quantities were given every hour or two hours, pro re nata. In connection with these, seneka, in infusion, given once in four hours, was found to be an invaluable remedy. From its use, all the secretions were more or less increased. The bowels were daily opened with rhubarb, or by enemas. This plan of treatment, you will readily perceive, differs from that used in common pneumonia—first, in the abandonment of the lancet; secondly, the rapid succession in which those powerful remedies were employed to relieve congestion in the organ disposed to take on inflammation—and hence it becomes necessary to begin the treatment as early as possible. Whatever is to be done in the way of combatting inflammation, should be done in the commencement—for the system, laboring under some atmospheric influence, being already in a state of debility, why wait for further prostration? The early and judicious use of stimulants cannot be too highly recommended. It is under their influence we snatch the patient from the very jaws of death, and lead him to a safe and speedy recovery.—*Stethoscope.*

Strychnia as Antidote for Hydrophobia. By E. Donnelly, M. D. Read before the Medico-Chirurgical College, March 1865.

As the attention of the profession seems to be of late particularly directed to strychnia, and its effects upon the human system, I think it proper to add any new facts regarding this substance (which I possess) to the general fund, hoping thereby to induce experimenters to continue their pursuits until we have all that can be known respecting this powerful poison and medicinal agent. From the discovery of strychnia, in 1818, by Pelletier and Caventou, up to the present time, it has at different periods created considerable speculation as to its action on different parts of the system. These have all been well discussed in our medical works, and need not be quoted here. What I wish to direct attention to particularly, is its effects on the dog, when attacked with hydrophobia. My attention was first called to this subject by frequently hearing a remark made by the people of a certain part of Brazil, that it was only mad dogs that Herva do Rato would not kill, but *cure.* This herva do rato belongs to the same family of plants as the strychnos nux-vomica, and is a terrible poison. I have seen the largest oxen, a short time after eating its leaves, tremble violently and fall dead. I never had an opportunity of trying the experiment in that country, and it was only last summer, two years after my arrival here, that I had an opportunity of trying the effects of strychnia (but then imperfectly) on two of my neighbor's dogs, which had hydrophobia. Two grains of pure strychnia were given

to each, which they swallowed; they regained their natural looks, and for the space of four hours no symptoms returned, and did not die from the effects of the strychnia, but as it was approaching night, and their owner afraid of remaining in the house with them, they being confined in the cellar, she had them shot, much against my will. I have given strychnia out of the same bottle, and in the same quantity, to dogs that were not *mad*, and it always proved fatal. I may also state, in connection with this, that I have given dogs camphor to counteract the effects of strychnia, but without any beneficial effect. I believe morphia to be a better antidote.—*Philadelphia Medical and Surgical Journal.*

Case of Gastrotomy for the removal of a Leaden Bar.—Recovery. By T. B. Neal, M. D., Columbus City, Iowa.

Editor Medical Examiner:

Dear Sir:—I transmit, for insertion in your valuable journal, the following remarkable and perhaps unique case.

The subject of this notice, L. Bates, æt. 27, resides at Wapello, twelve miles from this city. During the three days preceding Christmas last, he had been drinking freely of common whisky; and on that day, while intoxicated, attempted, on a wager, to swallow a bar of lead. The bar was 10 inches long, ½ by ¾ inch thick, and weighed one pound.

Thrusting it far down the œsophagus, it slipped from his grasp, and immediately entered his stomach. Dr. Bell was sent for at once, but as Bates had formerly been a juggler, the Doctor, thinking he was at some of his tricks, refused to go. Bates, not much concerned at the non-attendance of the physician, worked for three days after the accident, in a pork-house, with but little inconvenience. During the night of the third day, however, he was seized with great pain in the stomach, accompanied with shooting pains along the spine, extending from the lumbar region to the sacrum, and thence to the hips. The next day he walked to Columbus, a distance of six miles, and sent for Dr. Robertson, the oldest physician in this county, to attend upon him. Dr. R. requested me to see the case with him. We found him on the fourth day, comparatively easy. His tongue was white, breath very foul, and bowels constipated. Upon careful examination, the œsophagus was found perfectly free and unobstructed. We administered to him morphia in small doses, and attemped to act upon his bowels and neutralize the poisonous effects of the lead by large doses of sulphate of magnesia. Under this treatment, although the bowels were but slightly disturbed, he was rendered astonishingly comfortable, and could walk about a little. On the 3d of January, the 10th day after his accident, the severe gastric pain again returned, accompanied with vomiting, and other symptoms of gastritis.

The operation of gastrotomy was now resolved upon. Dr. Bell, of Wapello, performed the operation, by making an incision through the wall of the abdomen, from the umbilicus to the false ribs, four inches in length, and two inches to the left of the median line. The peritoneum being divided, Dr. Bell introduced his hand, and pushing back the protruding intestines, found that the bar of lead was nearly perpendicular, the upper end inclining a little to the left. The bar was pushed up, until the lower end came opposite the abdominal opening. It was then seized, and an incision made in the walls of the stomach, just large enough to admit of its extraction by means of forceps. The contraction of the muscular coat of the stomach caused the incision in the organ to close perfectly and without trouble. The external wound was stitched, and a compress applied.

The operation was performed between three and four o'clock, P. M.; the day was cloudy, and towards sunset grew quite cold. The patient was entirely under the influence of chloroform until about two minutes before the last stitch was taken, when he revived somewhat, and expsessed himself as feeling better than he had done before. When the chloroform was first administered to him, he vomited freely, hence, when the opening was made into the stomach nothing escaped therefrom, that viscus containing nothing but the leaden bar.

For the ensuing three days the system of the patient was kept under the influence of opium, and nothing but mucilaginous drinks, in small quantities, allowed as diet. He recovered as well as a patient does of uncomplicated gastritis.

I give you below the condensed notes of the progress of the case, taken by Drs. Bell, Robertson, and myself.

January 4th, 10 A. M.—Patient tolerably quiet; pulse 85, and moderately full; some fever and thirst; vomited once, and bowels moved freely during the night, though he has been taking small doses of morphia every two hours; complains of pain in the stomach and bowels; continued the morphia, and ordered two tablespoonfuls of toast and water every two hours.

3 P. M.—Patient still quiet; pulse 85, and rather hard. Took ℥x. blood from the arm. Continued morphia and toast water.

January 5, 10 A. M.—Rested well last night; bowels undisturbed for eight hours, then at 4 A. M., watery dejections; complains of nausea; pulse 83, and soft; tongue white; no soreness in the gastric region; some cough; ordered the following pill every two hours and a half:—

℞. Hydrarg. Chlorid. mit.	gr. ss.
Pulv. Ipecacuanhæ	gr. j.
Morphiæ Sulphat.	gr. ¼.

M. ft. pil. i.

5 P. M.—Complains of heart-burn, nausea, thirst, and frequent alvine evacuations; pulse 73, strong and full; craves acid drinks. Prescribed a weak solution of citric acid; it did not appear to agree with the stomach; at 9 o'clock slight vomiting: therefore directed morphia, gr. ss., ipecac. pulv. gr. ii. At 11½ o'clock, administered morphia, gr. ss. In half an hour patient fell into an easy sleep, his pulse growing softer. Directed gum-water and ice-water, a table-spoonful alternately every half hour, and the morphia every two and a half hours.

January 14th.—Met patient standing in the door; appetite good; pulse 70, and soft; wound looks well; dressed it, and ordered one blue pill, to be followed by enema if it failed to operate.

On the 16th, the wound was nearly healed, and he had walked half a mile to see a neighbor. At the time of writing this hasty epistle, (Feb. 19th,) he has been out of the settlement some two weeks, and I learn has been at work. What his exact condition is at present, I do not know, not having seen him since he began to go abroad. Very respectfully, &c., T. B. Neal.

Note.—There must be very few cases of this operation on record, as we have succeeded in finding but one, which is described in Chelius' System of Surgery, in a note by Mr. South: "Barnes," he says, "quotes from Becker the case of a young peasant, who on the 29th of May, 1635, whilst endeavoring to produce vomiting with the handle of a knife, let it slip from his fingers and pass into his stomach. He was much frightened, but able to go about his usual occupation. It was, however, determined to remove the knife by operation, which was done on the 9th of July following, by a surgeon and lithotomist, named Shovel. 'a straight incision was made in the left *hypochondrium*, two fingers' breadth under the false ribs; first through the skin and cellular membrane, then through the muscles and *peritoneum*. The stomach subsided and slipped from the fingers, which prevented it from being immediately seized; but it was at length caught hold of with a curved needle, and drawn out of the wound. A small incision was then made into it upon the knife, which was then easily extracted. The stomach immediately collapsed. After the external wound had been properly cleansed, it was united with five sutures, and tepid balsam poured into the interstices. Tents impregnated with the same balsam, and a cataplasm of bolar earth, the white of egg, and alum, were then applied.' (P. 324.) Two sutures were removed next day, on the following day two more, but the fifth is not noticed. On the fourteenth day after the operation the wound had healed. Dr. Oliver saw this knife at Konigsberg in 1685, and says it was six inches and a half long. The patient completely recovered."

This is the only instance of Gastrotomy proper we have been able to find recorded. The rarity of the operation is no doubt owing to the fact that most substances capable of entering the stomach, pass eventually, even though quite bulky, into the intestine; in which case Enterotomy may be required for their extraction. Of this latter operation, for the relief either of intestinal obstructions or the removal of foreign bodies in the bowels, numerous cases are on record. Mr. Benj. Phillips, in an excellent monograph, published in the 31st volume of the Royal Medico Chirurgical Transactions, relates twenty-seven cases of intestinal obstructions, for which operations were performed; thirteen of these were successful, though many of them were at the cost of establishing an artificial anus. An interesting case is related by Dr. White, of New York, in the New York Medical Repository, vol. x. 1807, where a silver spoon, swallowed by a patient while delirious, was removed from the ileum.—EDITOR.—*Med. Examiner.*

ENGLAND.

On Gonorrhœal and Syphilitic Rheumatism. BY GEORGE BUDD, M. D. F. R. S.

One of Dr. Budd's latest clinical lectures entered at some length into the subject of syphilitic rheumatism and gonorrhœal rheumatism, two diseases often met in practice, and not unfrequently confounded.

"Syphilitic rheumatism is a very frequent disease," said Dr. Budd, "and not only frequent, but lingering, slow, and tedious, with pains at night not to be mistaken; sleeplessness and general derangement of the system. Two, or even three or more years may elapse, as you are aware, from the first primary sore or syphilitic ulcer, till the invasion of this disease; we generally knew it as syphilitic periostitis; in the generality of cases no doubt it arises in this form, and is attended with syphilitic eruptions and other symptoms, secondary or tertiary—I do not intend, of course, to speak of syphilis now, but of this syphilitic rheumatism as we meet it in so many shapes up stairs in the hospital. You will generally know it by this, that the pains are worse at night; so much so, indeed, as to prevent sleep for weeks and months together; the bones are affected, not the joints; and those bones, it is curious, which are most exposed—the lower end of the femur, the crests of the ilium, the ulna, the collar bone, the shin bone—you are no doubt familiar with these facts. But how does this pain come on? Now it is, most commonly, not like rheumatism, it is rather inflammation of the periosteum of the bone with effusion under this mem-

brane; sometimes it is rather extensive and "pits" on pressure. A layer of lymph, probably, is deposited between the periosteum and bone; if it be treated speedily, all this matter may become absorbed; if allowed to go on, as is frequently the case, the lymph becomes ossified, and we have what you see so frequently in our out door dispensary patients, "nodes," originating in this kind of inflammation; first coagulable lymph, which becomes organized into bone in the same manner, I think, as bones unite when broken; the lymph entangled between the periosteum and the bone influencing the system almost as if fracture had occurred. Nodes, or bony swellings, do not always form, as some of the matter is absorbed. A node as large as a walnut is a large node—the bone itself may become inflamed. A case in King's College hospital, for instance, looked on as cancer of the bone, out of doors, I pronounced to be this form of syphilitic rheumatism; it was, in fact, inflammation of the bone and effusion of matter bound down by periosteum. Sometimes ulceration follows in the periosteum, a very unpleasant occurrence, bits of dead bone come away, more especially in the flat bones of the skull, the bones of the nose, &c.; they are now happily, not so frequent as they used to be.

In private practice, last year, I met a case of this kind, periostitis of the bones of the head; there was a large ugly ulcer. I got Mr. Partridge to see the case too, who removed a piece of dead bone; we could see the pulsations of the brain underneath. The poor gentleman got albuminous urine, erysipelas, and died. This exfoliation is more common in the flat bones—nodes more common on the tibia. A very great point is to seize the nature of the case early. Necrosis of the bones of the nose takes place; the palate bones are also lost. I remember, a few years ago, the hideous and horrid spectacles one saw walking about in London, and at hospitals. The disease is now not so common. Disease of the palate, you should recollect, is now very curable: at the time I speak of, it was all but incurable. It begins as ulceration of the mucous membrane of the mouth, which, if not cured, may lay bare these bones. We saw a woman from Richmond here lately—a case in point, necrosis of the bones of the nose. We detected these ulcers and cured them. Remember, then, this disease is in the bones and mucous membranes; rheumatism is more common in the ligaments and joints. Syphilitic inflammation may affect the ligaments of the knee. You will find another useful diagnostic in the fact that there is no fever. The disease is chronic, of indefinite duration, and attended with a previous history of other secondary symptoms not to be mistaken. Forty or fifty years ago there was no possible means for curing this disease; a hundred persons to one now were walking about town with the bridge of the nose gone. I believe one of the greatest practical discoveries of this century

was that of iodide of potassium as a cure for this disease. We are indebted for it to the late Dr. Williams, who lived near Guy's hospital. I often met him, and he said he had set himself out to discover some specific for two diseases then thought incurable; one was consumption, the other was a disease of the bones of the nose from syphilis. Every new remedy, as it came out, he tried, and amongst others lighted on iodide of potassium. Poor Dr. Williams! I believe if ever a man deserved a pension or peerage for doing a grand thing, and benefitting humanity, he did; but peerages or decorations are not much in the direction of medical discoveries. He not only did not get either, but did not get any practice, and is now forgotten. "Iodide of potassium" is as much a specific in these syphilitic rheumatism cases and diseased bones and nodes, as mercury in the primary Hunterian sore. Give small doses—two grains—of the iodide twice a day to begin with; when you have given an overdose, you will find pain over the eyebrows, sneezing, papular eruption on the skin, a taste of iodine in the mouth. These results, are, however very uncertain, and one grain sometimes will be found to affect a particular patient as much as ten grains will affect another individual.

I think you cannot be too particular in your mode of giving iodide of potassium; it is a very important point, for instance, to give it while fasting, as it is decomposed by the hydrochloric acid of the gastric juice in digestion, setting free pure iodine; now remember it is not iodine cures, nor has iodine, perhaps, any effect as iodine; it is the salt iodide of potassium (as phosphate of lime enters into bones not phosphorus,) nay, I would always give iodine of potassium with free soda to counteract this acidity of the stomach; if thus carefully given, these pains of syphilitic rheumatism soon begin to give way; you may stop it for a while, and at intervals renew it; if ulceration should have set in, more particularly with necrosis, sarsaparilla is a good medicine. Cod liver oil, also, you will find a most valuable remedy, more especially if there be—as there often is—a tendency to phthisis: we have seen two cases of this nature lately, the poor woman A. H., and the Italian professor of languages. You are familiar with these cases, and will recollect the value of the medicines as now indicated.

We next come to speak of gonorrhœal rheumatism, a very troublesome affection also, as I found at one time in the Dreadnaught hospital ship, near Greenwich. There are two or three of these so to call them, secondary symptoms, appertaining to gonorrhœa; gonorrhœa swelled testicle, gonorrhœal ophthalmia, and, occasionally, this gonorrhœal rheumatism; this disease is very peculiar; we will find, perhaps, that there is but a single joint affected; the ankle or the knee possibly; we will find the inflammation to be painful in the highest degree; effusion very great; constitutional

disturbance most obstinate, particularly at changes of weather; the joint affected has a gummy, or doughy feel; quite specific. Now this is a most intractable disease; it is, perhaps, rather more like gout than rheumatism, but the remedies for gout will not cure it with the same facility; the best mode of treatment I have found, is to blister the joint, or rather above the joint; afterwards, paint with iodine, and give internally the nitrate of potash, and alkalis.—*Medical Circular—from the Montreal Journal.*

The Modes of Death and the Therapeutics in Diseases of the Spinal System. By Marshall Hall, M. D., F. R. S., L. & E.

LECTURE III.

Gentlemen,—In my lecture of yesterday I explained to you *two* modes in which spinal seizures may issue in death: the first, by apoplexy of the medulla oblongata and paralysis of the pneumogastric nerve; and second, by shock on the heart; the former, somewhat slowly—the latter, suddenly.

There is another mode of death in epilepsy. It is the result of sheer nervous exhaustion, from the rapid or constant repetition of severe paroxysms.

This subject will be best illustrated by an experiment:

I divided the cerebral from the spinal centre in this frog, and then dropped on its surface a few drops of a solution of the acetate of strychnine. It has become affected by the poison: the least touch, the least jar of the table throws it into a tetanoid paroxysm.

If I avoid excitement, the animal survives in its state of strychnism for a long time. But if I continue to repeat the excitation, the excitability and life soon become extinct.

I will suppose the frog without injury, but placed under the influence of strychnia; if it be secured from all excitation, it recovers; if it be exposed to repeated excitation, it dies.

So it is in the dog.

Even in tetanus in the human subject, I believe some patients would recover, if preserved absolutely from excitation, who die under its exhausting influence.

The same event occurs in epilepsy. In a case detailed in The Lancet, by Dr. Bucknill, in which tracheotomy had been performed, and in which, therefore, laryngismus had lost all its baneful influence, the patient died of pure exhaustion, "distinctly not of coma."

Death from nervous exhaustion must therefore be added to the other forms and modes of death in epilepsy.

There is still another source of danger and of death in epilepsy. It arises out of trachelismus assuming the form of torticollis, and attended with twisting of the body.

Some time ago a medical student, affected with epilepsy, called on me, and, whilst we engaged in conversation, uttered a fearful cry, became affected with twisting of the neck and body, and would have fallen had I not held him forcibly on his chair.

The next morning he was found dead in bed, with his face buried in his pillow!

He had doubtless had a fit in the night, which, assuming the form I had observed and have described, turned him in bed.

In this manner a patient has been soffocated in a fit of epilepsy, the face being found literally buried in the soft soil of a newly ploughed field, or submerged in shallow water.

Such, then, are the principal modes of death in epilepsy. Another topic which I must discuss briefly before I enter on the subject of the therapeutics of the spinal system, is, the mode and degree of recovery from attacks of epileptic or convulsive affection.

An epileptic fit probably ceases frequently from nervous exhaustion of the spinal centre, just as we observe the tetanoid spasm cease in the frog affected with strychnia.

From this exhaustion reaction usually takes place and the spinal centre passes into a state of undue excitability, just as reaction follows repeated attacks of syncope in the case of loss of blood, passing into excess.

In this condition of excessive excitability, the slighter causes of the epileptic seizure are usually but too operative. It constitutes indeed the continued *predisposing* cause of epilepsy.

This undue excitability of the spinal centre is by no means incompatible with a shattered condition of the general system; and therefore we frequently observe the epileptic patient pale, thin, and feeble, though in other cases there is a florid complexion, a robust form, and much muscular power.

Besides the spinal centre, the cerebral centre is apt to be affected in severe epilepsy, and the patient is left comatose, maniacal, or with loss of memory or intellect. These events appear sometimes to depend entirely on intra-vascular congestion, and sometimes on effusion, ecchymosis, softening, or other lesion.

You will not, gentlemen, be surprised, that from *any* mode of treatment we look for success, not in cases with organic lesion, or of inveterate standing, but in the comparatively recent cases of excentric inorganic organ, and still without organic change.

Now let us consider what may be accomplished in the treatment of epilepsy or other convulsive disease.

Once more I beg your attention to my Table. Look at this list of *causes*. The first part of our treatment depends on carefully avoiding all these.

The excitements, the irritations must be, as far as possible, avoided. The morbid conditions of the blood must be remedied.

A low posture and deep sleep must be carefully shunned. The neck must be cautiously guarded against a tight collar.

One event we must constantly suspect: an undue acidity in the stomach. Against this, the bicarbonate of potass is the present remedy, and should be taken on every recurrence of a threatening symptom. Many patients have carried about with them a solution of twenty-five grains of this bicarbonate in two ounces of water, and taken it in such circumstances with the greatest advantage.

Another event to be suspected is the formation and retention of scybala in the colon. These are only effectually removed by an enema of three pints of warm water, slowly administered. But in this manner, too, the threatened attack has been averted.

One patient succeeded in replacing an attack by a fit of vomiting, taking for that purpose, on any threatening, half a drachm of ipecauanha. To this I have sometimes *added* an equal quantity of the bicarbonate of potass.

The bowels should be kept well relieved daily; but I have known a dose of purgative medicine constantly to produce a seizure.

One patient took many remedies empirically. None did good. But the turpentine acted injuriously.

Of all our remedies, none is more important than a well-regulated, simple, digestible, nutritious diet.

Against the undue excitability of the spinal centre in epilepsy, well appointed walking exercise is the specific remedy. But *effort* or *fatigue* adds to the evil.

I think there is as the cause of sleep a latent trachelismus. The usual posture during sleep is the recumbent. Both these must conduce to the epileptic seizure. I have constantly recommended a posture during sleep at an angle of fifty degrees. And I think that I have seen advantage from gentle movements and noises in the patient's room during the first sleep, to prevent deep sleep.

All empirical remedies may be safely discarded. It is very improbable that *any* individual agent should be able to accomplish all that is required in a case of epilepsy. We may well ask, now that this malady is somewhat understood, why epilepsy should be treated empirically more than apoplexy, or than infantile or puerperal convulsion?

It has appeared to me that the hyoscyamus may allay the nervous excitability so frequently observed in epilepsy. As a little spirit obviously does good in the undue cerebral excitement of delirum tremens, I have thought that minute doses of strychnia may be useful in the undue spinal excitability in epilepsy. For the organic changes induced by epilepsy, mercury is the remedy.

You will observe, in the Table, that after enumerating the remedies which I have briefly noticed, I have asked, is there any *specific* remedy in epilepsy? I am compelled to answer, No! And I

must add, that the sooner the profession cease from this derogatory mode of prescription the better, and the more honorable. Zinc, copper, silver, valerian, the cotyledon, the sumbul, are all given in vain.

We must discard empiricism, and treat epilepsy as we do other diseases, on rational principles, tracing causes, effects, and, in a word, every link of the formidable chain, and act on science and common sense.

I must now, gentlemen, retrace my steps, and take up one of the topics which I have noticed briefly, and treat it at greater length. This topic is—*laryngismus*, and its remedy, and the remedy against its effects—*tracheotomy*.

I have already noticed the two kinds of laryngismus which occur in the first and last stages of a severe epileptic seizure, respectively —the *first* being *spasmodic ;* the *second, paralytic.*

The former frequently closes the larynx perfectly, and a *breath-struggle* is superadded, or there is simple suspension of respiration ; the neck, face, eyes, become turgid and purple, the intra-cranial tissues being equally congested.

In proportion, in some degree, to this congestion is the damage inflicted on the cerebral faculties, coma, mania, dementia, being the melancholy effects—the lunatic asylum or the workhouse the melancholy doom.

All these are averted by timely and efficient tracheotomy.

I would strongly urge you to seize some opportunity, during the period of your studies—for I am addressing myself to the younger part of my audience—to witness and write down accurately, the phenomena of the epileptic seizure. It is *not* in any or every kind of epilepsy that I recommend tracheotomy, but solely and exclusively in the *epilepsia laryngea.* It is *not* for epilepsy, but for *laryngismus*, that tracheotomy is proposed.

It is necessary to state this emphatically, for a feeble and malevolent critic has either misunderstood or misrepresented this matter.

We must begin, in the administration of this, as in that of all cases of important remedies, by a most careful and accurate *Diagnosis:*—

1. The efficacy of the remedy is precisely proportionate to the degree of laryngismus and its effects ;

2. The hope from the remedy is proportionate to the earliness of the period at which it is performed ;

3. By the institution of this remedy, the *laryngeal* and most fearful form of the disease is *changed* into some milder or *abortive* form ; or,

4. The seizure may cease, or decline and cease altogether. The former was the happy result in the most interesting case of Mr. Cane.

There are many cases of epilepsy in which tracheotomy would be inappropriate. It would be inappropriate in cases involving *organic lesion*, original or induced, and in cases already become *inveterate*. It would be wrong to institute this operation in cases beyond *hope* of benefit; in the cases already deemed *incurable;* and therefore in most of the cases consigned to the lunatic asylum or the workhouse. In these, all that we ought to expect from this, or any remedy, is some *mitigation* of so dire a calamity.

In the cases in which tracheotomy has been performed, this preliminary *diagnosis* has not always been instituted. The result has been precisely what ought to have been anticipated; yet it has been such, when duly weighed and considered, as to confirm and raise all my hopes from this important and heroic remedy in this Herculean malady. In some the fits have been mitigated a hundredfold; in several a failing intellect has been greatly *restored*, the occupation of the patient, necessarily relinquished, being resumed!

I proceed to notice the second or *paralytic* laryngismus. This is the result of a severe attack of epilepsy—always, I think, the epilepsia laryngea. The trachelismus, the laryngismus especially, the breath-struggles, have congested the cerebrum, and left a deep coma; with this, stertor or paralytic laryngismus has been combined—an event which *reacts* on the cerebral centre, augmenting the coma and the stertor. The patient is frequently seen to be in hourly jeopardy of his life from asphyxia. The countenance is livid, the veins of the neck distended, the integuments tumid. The respiration becomes more and more impaired and stertorous. A diffused bronchial rattle establishes itself.

The form of the asphyxia is, as I have already stated, twofold, laryngeal and bronchial; at first laryngeal, afterwards both laryngeal and bronchial.

If tracheotomy be now efficiently instituted, the laryngismus is disarmed of its danger. The lividity of the countenance, the distension of the veins, the tumefaction of the integuments disappear *a vue d'œil*. The respiration is free; the danger from *laryngeal* asphyxia averted!

I need scarcely repeat, that if this tracheotomy be not only efficiently but timeously performed, the patient's life is saved. But if the operation be delayed, it will be performed too late: if the bronchia have become clogged and choked with mucus, it will assuredly be performed in vain. The patient, however, rescued from *laryngeal*, will succumb to *bronchial* asphyxia.

These observations do not relate to epileptic coma or apoplexy alone, but to *simple* apoplexy in all its forms; that is so well described by Abercrombie, the apoplexy of deep intoxication, of narcotic poisons, &c. It is the present remedy, and, if timely instituted, the effectual remedy, for the laryngeal asphyxia in all these cases!

Gentlemen, do not these views excite a deep interest in you? Examine them; judge them *for yourselves;* and be not misled by the ill-natured criticism of any superficial observer or thinker, who leaves *diagnosis* and every other just consideration neglected, and wonders that a fistula, left by cut-throat, is not a remedy for—laryngismus, and its effects? No! but—for epilepsy!

Having thus stated in *what* circumstances tracheotomy may be available in epilepsy, I will now beg your attention to that which I finally regard as the simplest, the safest, *mode* of performing of it.

I present you with a pair of scissors, so ground at the point as to leave a notch. I propose that, having selected the point of the trachea at which the orifice should be made, you take up a fold of integument over it, and, by means of the scissors, make a vertical incision; that the scissors be now turned one-fourth round; that their points, brought together, be made to pierce the trachea, and then be separated, so as to *stretch* the tissues, and make an orifice of the proper extent.

The points of a little wire *cage,* such as I now show you, made of the proper size and strength, are then to be brought together, pressed into the orifice, and allowed to expand to the proper extent, in their turn; this being limited by a thread properly attached to it, and placed round it.

Not a minute of time, or a drop of blood has been lost, no danger has been incurred, and yet—the operation is performed!

The cage admits of being compressed, and easily removed, washed and restored. No veil of viscid mucus will obstruct its aperture in any part, and the danger arising from such obstruction, hidden from observation, but detected by Dr. Edwards, will be effectually averted—a danger which I believe to have existed in many cases in which the ordinary *tube* has been long worn.

I will now, gentlemen, very briefly revert to the cases of epilepsy in which tracheotomy has been used. Mr. Cane's was the first, and the most splendid: life was immediately saved, and the fits were afterwards averted. Life was saved from a present danger in Dr. Herrick's and Dr. Williams' cases. The fits were reduced to a very mild and abortive form in Dr. Edwards' and Dr. Bucknill's cases.

Every event occurs to encourage the *benevolent* inquirer.

There are other applications of tracheotomy.

The patient afflicted with hydrophobia has hitherto fallen a victim to *laryngeal asphyxia* and to *nervous exhaustion.* If tracheotomy were performed the instant the *diagnosis* was made, the patient would *not* die, as he has hitherto, of this laryngeal asphyxia. Query, would he necessarily die? If the patient were further, protected absolutely, like the frog rendered tetanoid by strychnine, from causes of excitement, he *might not* die of nervous exhaustion.

Query, is it possible that even the poison of hydrophobia may be, if life were prolonged, as by tracheotomy and security from excitation, eventually eliminated from the system, and life saved?

There is still greater hope of good from these measures in certain cases of *laryngeal* tetanus. My. friend, Dr. Webster, once performed tracheotomy in a case of this kind. The benefit was so marked as only to lead to a regret that it had not been performed earlier.

You will find, in a paper which I published in THE LANCET about two years ago, a *list* of cases in which tracheotomy might be necessary. It is of considerable extent. It demonstrates the value of this remedy, and the importance of being *prepared* to perform it; for almost *all* the cases requiring it are cases of *emergency*, life being in jeopardy. All that is really required is a pair of pointed scissors and a teaspoon! The former may keep the orifice patent horizontally, the latter vertically, until better instruments are procured—and life is spared: indeed, the very issues of life are in some instances fearfully held, as it were, in our fingers!

Here the lecturer paused, but shortly added,—Gentlemen, I thank you for your kind invitation to give these lectures, and for your kind attention to them. I trust the three hours have not been spent in vain, and especially that the younger part of my audience will long remember with advantage the principles of medical doctrine which I have inculcated.

The lecturer having been invited to take the chair, Mr. WILSON rose and said that he should propose a vote of thanks to Dr. Marshall Hall, for the kindness and courtesy he had shown in coming amongst them to communicate information, illustrated by experiment, concerning the physiology and pathology of the nervous system, which it had been the great pursuit of his life to investigate. The students of the Chatham street School of Medicine should, indeed, regard the present occasion as *red-letter days*. As for himself and the rest of his professional brethren who had attended this course of lectures, he could say with confidence that they deeply appreciated the philosophic views of Dr. Marshall Hall; and, when they contemplated the state of nervous physiology as it was in their own early day, and looked at it now, they must be greatly impressed with the debt of gratitude due to those eminent men who had so perfected this branch of science; foremost amongst whom he had no hesitation in placing their distinguished visitor. He concluded by moving the cordial thanks of the assemblage to Dr. Marshall Hall.

Dr. NOBLE had great pleasure in seconding the motion so justly and so appropriately submitted by Mr. Wilson. Thanks, certainly, were eminently due to their distinguished visitor for his kindness in coming amongst them, and in thereby giving to the gentlemen

present an important advantage. They had not only had the gratification of meeting the propounder and discoverer of great physiological truths, but that also of listening to his own exposition of them, and of witnessing some of the experiments and demonstrations by which they are substantiated. And here he would observe that, however accurately such doctrines might be learnt from books, by the aid of diagrams, and by repeating the experiments, there was always an especial benefit in drinking in knowledge and valuable precepts at their spring. Look at certain analogies in literary experience. How clear and effective was the appreciation of history by him who had gone for his knowledge to the source,—to the old quartos and the big folios, instead of to modern duodecimos! He could speak with gratitude of his own experience. He supposed it was some twenty years since that he had first applied himself to the physiological discoveries and practical teachings of Dr. Marshall Hall; probably he soon acquired a fair appreciation of their nature and value. Seven or eight years ago, however, he had had the privilege, through Dr. Hall's kindness and courtesy, of witnessing at that gentleman's own house, a long series of experiments made by him, and for several days of conversing with him upon all the allied topics; and from this experience he could tell how much more clear and decided was the apprehension of facts and conclusions learnt in this way. The brief course of lectures now terminated had, in some measure, furnished the students, and the numerous practitioners who had attended the course with similar advantage. He was sure that they would feel, as he had felt, in having been so privileged, delighted to have been taught the physiology, and much of the pathology, of *the Spinal System* by the eminent mind that conceived the same; and to have had demonstrations presented to them by the hand that first brought them out. For all these reasons, it was with pleasure, sincerity, and pride, that he seconded Mr. Wilson's motion.

Dr. Marshall Hall then rose and thanked the mover and seconder of this vote of thanks; and, after briefly observing that nearly a quarter of a century had elapsed since he first began the studies which led to the detection of *the Spinal System*, urged the students present to pursue their profession with enthusiasm, and early to select some special subject for study and investigation. Such a proceeding was sure, in due time, to bring its reward in reputation and in practice.

Of the Delivery a Posteriory, as a reserved Remedy to obviate in difficult cases, the Perforation and the Cesearean section of Midwifery. By I. F. Ossiander, Professor at Gottingen.

Translated from the German.

The advantages to be derived in the delivery, if the person to be delivered is resting upon her elbows and knees, the fundament verted towards the assisting surgeon, seem not to be generally known. I am convinced by repeated experiments, that in that situation, we are in the possession of a great remedy, by which, in most difficult cases the perforation and cesarean operation can be obviated, as we are thereby enabled to execute the turning operation, which is scarcely possible in the usual situation on the back. Let those practitioners, who perhaps, do not know this remedy, or who had no opportunity to try it, having perhaps a prejudice against it, believe me, and they will be thankful for having acquired a more thorough knowledge of a practical secret, by which I was enabled to deliver women comparatively easy and even of living children, in many cases where the delivery was, by other physicians considered impossible, except by means of perforation or the cesarean operation. Some would now, in such cases, resort to the kephalotribe, (properly called forceps, cephalotribe, one of the coarsest and most impracticable tools ever invented to accomplish difficult deliveries), or would propose artificial miscarriage for future cases, if the situation on the knees, the elbows and the face, and the turning operation *a parte aversions*, had not solved the problem in a manner equally as natural or simple and easy.

In cases where the forceps were applied without effect, or where they threatened to slide or actually did slide off, without effecting a motion of the head, where the pelvis is narrowed to a considerable degree, spoiled by rhachitis or osteomalacy its diameter contracted, the promontorium strongly protruding, so that the head could not be moved forward, where the arcus pubis scarcely admitted two fingers; where the hand was prevented from entering the uterus, in consequence of its contractedness, caused by the premature discharge of the amnean fluid, by the wrong situation of the child, or by the wrong treatment on the part of the midwife or surgeon; in all these and a number of other cases, let the remedy hereby proposed be applied, and its advantages will be astonishing.

1. The hand penetrates easier the exterior parts.

2d. It reaches easier and sooner the legs of the child.

3d. By the reclining of the pregnant body, the entrance to the basin is cleared from the head and shoulders of the child, thereby enabling the hand of the operator to penetrate with greater facility.

4. The hand and arm of the operator sustains less fatigue by directing its action downward and forward, than by the nearly vertical or perverted operation in the usual situation of the pregnant. Who has not felt the painful fatigue and impotency of the arm, obliging the operator to repeatedly retire end rest his hand in order to renew its strength? There are cases, where it is nearly impossible, with a hand thus weakened and fatigued, to bend and stretch the leg of a stout child of eight pounds, in the usual, perverted situation of the woman. A change of situation, *sistus aversus*, and the operation *a tergo*, frequently removes the difficulty at once.

5. In cases of a persevering stricture in the forepart of the uterus, the only part where it occurs this remedy may become the conditive sine qua non of the turning.

6. It also appeared to me, that the turnings of the child around the axis of either its length or its breadth was easier than in the usual situation of the woman, or her back. When I reached for the legs of the child, it seemed to me that the body of the child was moved and turned a great deal easier than usual.

In order to obviate the suspicion of exaggeration, I am silent as to the advantages secured by the delivery, a posteriory, with regard to the extraction proper. But a cautious experiment will demonstrate it at once.

But whatever may be the reasons, it is a fact, that in several difficult cases, where other men of experience as well as myself despaired of the possibility of a delivery in the natural way, where perforation and the cesarean operation appeared to be unavoidable, the application of this remedy rendered the turning operation practicable, and a living child was extracted without any injury.

The situation here referred to is certainly not beautiful, and the teachers of good taste would be amazed at the sight of a venus lying on her face, the fundament turned up and the genitals protruding. But our art has generally no relation to aestheticks, and

the principle, that all natural and wholesome remedies, are good and proper in the administration of medicine, may justify us in putting a woman into such a situation. It appeared to me in several cases, that the woman, far from resisting, felt the advantages of the situation on the knees, which I recommended and prepared for them. The entire organ of delivery, is a posteriory, a hysteron, especially with the animals, both those running on four legs and those running on two legs, as the birds; and the fashionable bearing of the elegants of our day seems to indicate their inclination to hysterig, to the breeding modo ferarum, and to the delivery in the position on the knees.

The delivering stool, was therefore, frequently rather an impediment than an assistance to the delivery, because it forced the woman in her labor to rely entirely upon her situation on the back; because it prevented her from turning to side, which is at least an approximation to the averse, and because it rendered nearly impossible the situation on the knees.

This can only be properly done on the bed near the side edge of it. The bed must be prepared for this purpose, either by putting some sopha cushions near the opposite edge, or, where these can not be had, a bag filled with hay or oakum may be spread across. All the other feather cushions, to be spread behind the horse hair cushions or the bag, so that when the woman to be delivered puts her kness on the same, her face and elbows may have smooth support. The face must be considerably deeper than the fundament. This situation which is particularly beneficial if the woman has been tortured and fatigued for hours, or even for days in her situation on the back. These pains in the back are thereby at once removed. I have seen even the weakest to sustain themselves in this situation, otherwise they must be supported by assistants.

That in this as well or more so than in other obstetric remedies, all nudation should be obviated, ("ne prae pudore uteri orificium contrahatur,") is already stated in the ancient Roman book on midwifery, and it is scarcely necessary to mention that this rule is dictated by wisdom as well as by humanity. Also, that, from the more elevated position of the uterus, the turning operation is to be made by the assistant, while standing, not when sitting down.

With regard to other remedies, I was, in several cases of retrover-

sio uteri, enabled easier to introduce the catheter while in the situation on the knees. The reduction or reposition, or the prolapsed, inverted or retroverted uterus will no doubt, be most easily effected in this situation; but I can only assert a mere supposition, that in cases of great difficulty in the delivery on the knees, the forceps may be used to advantage, whereas their very construction as well as other reasons are unfavorable to their application in this situation of the body.

NOTE.—It is a matter of course, that this situation should only be resorted to in cases of extreme necessity, in all other cases, the usual situation on the back or side should be retained.

Editorial.

THE PENINSULAR JOURNAL.

Our good natured cotemporary of the *Peninsular Journal*—the organ of the Michigan School—has lost his usual equanimity on account of a brief notice we made of the establishment of a chair of homœopathy in the University,—an action of the Legislature which we deeply deplored, and what we said of it was surely said "more in sorrow than anger." But possibly the "head and front of our offending" was our allusion to a review which appeared in the January number of that Journal, of "*The American Eclectic Dispensatory*," recently published by one John King, "Professor of obstetrics, &c., in the Cincinnati Eclectic Medical Institute."

Now, for the life of us, we can not see the justice of our brother's complainings. We recognized, in the initials of the article, one of the Editors of the Journal, and a Professor in the Michigan school, and we had a right, therefore, to expect better things of him than to be dabbling in the pools of *quackery*. These self-styled Eclectics are the most bitter and untiring maligners of the regular profession; their journals teem with filthy streams of abuse of the teachings and practices of legitimate and rational medical science;

their pretensions are the most arrogant and presumptious; and yet our weak and erring brother, in the fullness of his benevolent heart, says he "does not propose to have any particular quarrel with them"—that he is "regardless, comparatively, of the source from which any agent comes"—and that he "intends to make use of the contents"—of this *Eclectic Dispensatory*—"whenever he can make them available for the purposes of instruction or the benefit of his patients."

And for alluding to this painful evidence of proclivities towards irregularities in medical science, we are taken to task; and the hope is expressed that we will see our error and modify the statements we made! Never can we consent to retract with such evidence before us. We can deeply sympathise with our Michigan friends of the regular Profession, who are compelled by an act of an unwise Legislature, to associate with Homœopathy; but when one of the Professors of their University voluntarily extends the "right hand of fellowship" to mongrel eclecticism, we are off.

FRACTURE OF THE HYOID BONE.

Through the kindness of our friend, Dr. P. G. Fore, of this city, we were invited to examine a case of fracture of the *os hyoides*, that had occured about one week before we saw it, in one of his patients. The patient was a female, about 30 years of age, who had fallen down the cellar steps, striking the prominent part of the larynx and hyoid against a projecting brick, severely injuring the larynx as well as fracturing the bone. The fracture was on the left side, and near the junction of the great *cornu* with the body of the bone. Crepitation was distinctly felt, on pressing the bone between the thumb and finger; or, when the patient would swallow; though, at this time, the severe symptoms that followed the accident, and continued several days, had somewhat subsided.

Immediately after the accident, there was profuse bleeding from the fauces, and she experienced great difficulty and pain, in the act of swallowing, and the power of speech was almost entirely lost. On attempting to depress or protrude the tongue, she felt distressing sypmtoms of suffocation. Considerable inflammation and swelling of the throat and pharynx ensued, and continued in some degree up to the time of our visit.

To day, (about four weeks since the accident), Dr. F. informs us, that the patient has so far recovered as to be able to converse, though the voice is somewhat impaired. She is yet unable to swallow solid food, and is wholly sustained by fluids.

OHIO STATE MEDICAL SOCIETY.

This Association will meet in Zanesville on Tuesday the fifth of June. A full attendance of the members, and a free interchange of their experience in the practice of the healing art, gives vitality to all such useful associations. We hope, therefore, that no trifling obstacles will be allowed to prevent one member from attending.

THE NEW POSTAGE LAW,

Requires that the postage on all letters shall be prepaid. If this regulation is not complied with, the letters will remain for a time in the office, and then they will be sent to Washington to be disposed of at the dead letters.

We are indebted to Dr. Julius S. Taylor, for his kindness in sending us, by mail, a copy of the *Transactions of the "Ninth Annual Meeting of the Ohio State Medical Society."*

We have on hand several excellent original communications for insertion in the Lancet, that will appear in due time. The writers, have our thanks for their contributions.

Miscellany.

OUR ADVERTISING SHEET.

We invite attention to our advertising sheet, that our subscribers may learn where they can get the *best* of various articles that they often desire to have, or to recommend to their patients.

We have sufficient evidence before us to warrant the assertion that "PALMER'S Artificial Leg," is far superior to any thing of the kind invented.

C. F. Conwell's "Hydraulic Bed," gives ease and comfort to the emaciated invalid, that cannot be obtained by any ordinary form of bed. Bed sores are never seen where it is used throughout a confinement.

Max Wocher, and William Z. Rees, respectively, keep constantly on hand a general assortment of the best Surgical and Dental Instruments. We have used instruments from both their manufactories, and can testify to their good quality.

J. M. Tooker & Co., give a beautiful finish to their carriages; and the durability of their work is unsurpassed, as we have good reason to know from several years experience in its use.

The card of Dr. D. N. Daniels, fully explains the object of his establishment. He furnishes a variety of articles that are frequently recommended by physicians to their patients, and his work generally gives satisfaction.

Any physician desiring leeches, can obtain them by sending an order to John S. Kohl, 316 Main street, and they may rely on their orders being punctually filled.

Sprague & Co. will clothe the "outer man" with the most elegant, substantial, and durable articles in their line. They can please any taste, from the exquisite gallant, to the unassuming Quaker. We intend to get married in a suit of their make—this, however, is *inter nos*.

At the "Truss and Orthopedic Institute" of Marsh, Corliss & Co., a great variety of apparatus can be had for the relief of deformities. Their trusses are of peculiar and ingenious construction; and from personal observation, we are satisfied that they are equal if not superior to any in use.

Ware & Hierman, manufacturers of Philosophical and Optical Instruments, are young men, who, by reasonable charges, and excellent work, deserve the patronage of the profession and the public.

Bacon's Mercantile College is a "*number one institution*," and no young man should omit to attend a course of instruction there, as it would be of incalculable advantage to him in any pursuit in life.

We intend to present our readers with a specimen of C. Grosvenor's engraving on wood in July.

T. N. Raffington, does the finest steel, and copper plate engraving, and the exquisite fineness and perfection of his work shows him to be possessed of an acute sight and sense of touch. He is a deaf mute, and in his case we have a striking illustration of the fact, that, the loss of one sense improves the ballance.

The Nature and Treatment of Diabetes Mellitus. By Dr. F. Headland.—After a slight general sketch of the symptoms, he proceeded to the inquiry—What is the physiological cause of this abnormal and excessive secretion of glucose, or grape sugar? Three chief theories had been brought forward to account for this:

1. *Theory of Renal Disorder.*—By Dr. M. Good, and others of his time, it was supposed that the glucose was formed by the kidney in the act of secretion. The author discussed the various alleged morbid conditions of the kidney in diabetes, none of which are known to be constant. The discovery of sugar in the blood and other secretions of diabetes is sufficient to overthrow this theory.

2. *Theory of Saccharine Assimilation*—Held by Bauchardat in France, and by the majority of Physicians in England. It supposes that the formation of glucose is due to a deranged digestion or assimilation. Most consider that it is formed in the stomach; others blame the liver. This notion, also, the author disclaimed, arguing that, after a meal on starchy matter, grape sugar may be found in the blood of a healthy man; that it is part of the function of the liver, to form sugar and fat out of albuminous compounds; and that this explanation does not account for the excretion of sugar, for grape sugar given to a healthy man does not pass out in the urine.

3. *Theory of Saccharine Non-Assimilation.*—Supported by Mialhe, Liebig, B. Jones, and others. To this the author gave his own adhesion. It derives confirmation from the experiments of Lehmann, Dumas, and R. D. Thomson. The starch of the food is the chief supporter of the respiratory process. Starch can not be absorbed without being first changed into dextrine. This is a sort of transition to grape sugar, into which it is all formed in the blood. This grape sugar is not yet in a condition to be oxidized; it is therefore again changed into two atoms of lactic acid, (or some very similar material.) This then combines with oxygen in the blood, supporting the animal heat by its combustion, and forming carbonic acid. These changes require certain agents, probably ferments, to effect them. Supposing they have proceeded as far as glucose, and the agency be wanting which should change this into lactic acid, then the glucose, not being available to the system, is excreted in the urine. The liver attempts to supply the want by forming glucose and fat out of albuminous food. This glucose passes also into the urine. In addition to all this waste, the very

tissues are preyed upon to supply fuel for the respiration. The author then discussed at length the subject of treatment, under the following heads :—

A. *Erroneous Plans of Treatment.*

1. Attempts to prevent the formation of glucose.
2. Attempts to hinder the excretive function of the kidney.

The first is a natural process ; the second is a healthy provision.

B. *Doubtful Plans of Treatment.*

1. The use of diuretics.
2. Stimulation of the nervous centres, as by strychnia.
3. Treatment directed to the liver.
4. The use of oxidizing agents.

C. *Correct Plans of Treatment.*

Dietetic Rule.—To supply, if possible, such articles of food as shall be able, at the same time, to nourish the patient, and to maintain the respiratory combustion without passing through the stage of glucose. (Amongst other things, fat and oils, dry wines, and milk, were recommended.)

Therapeutic Indications.

1. To give some remedy that shall seem to be capable of causing the glucose to undergo its normal transformations. (Yeast, rennet, pepsine, &c., were discussed. The author particularly recommended *milk just turned sour,* as containing a decomposing caseine, which transmutes milk sugar into lactic acid. He had advised the use of this remedy in his Essay on the Action of Medicine. It should be used as an article of diet; or it may also be given in enemata, and in warm foot baths.

2. To replace the urinary secretion by means of diaphoretics and purges. (The author recommended copious sweating, for a physiological reason.)

3. To attend to the general health, and to treat complications.—*London Lancet.*

Lupulin as an Anaphrodisiac.—Lupulin, or the active principle of hops, is possessed of powerful sedative effects on the generative functions. This was first entertained by Debout, but more recently Zambaco has published a paper on its anaphrodisiac virtues (*Bull. de Therap.* 30th August, 1854,) in which he more than confirms this author's observations. Zambaco administered the medicine in doses varying from 1 to 16 grammes, and he never found sickness or constitutional disturbance attend its use. He has recorded the history of eight cases of painful erections, following gonorrhea, in which it was most successfully employed as a sedative. He affirms that in four-fifths of the cases it allays the morbid erethism, and prevents chordee. It answers this purpose much better than camphor, which often irritates the digestive functions, and fails to produce the desired effect. Besides being possessed of sedative and

anti-blenorrhagic properties, which depend on its essential oil and resinous principle, lupulin contains a bitter element which acts as an admirable tonic. Zambaco has seen lupulin given, *as a tonic*, to strumous patients, with the best effects, the appetite becoming improved, and the digestive organs strengthened.—*Edin. Monthly Journal of Medicine.*

The Government of France and the Academy of Medicine of Paris.—As the emperor of the French is known to be very solicitous respecting his army in the Crimea, various articles for the use and comfort of the soldiers are sent to him. Amongst these is a fluid prepared by M. Brocchieri, which is said to cause the immediate union of incised wounds; and an ointment, manufactured by another philanthropist, which infallibly cures chilblains and frozen toes. What does the Emperor do? He directs both preparations to be submitted to the Academy of Medicine, who answer through a committee appointed for the purpose, that the remedies do not deserve any attention. When will such good understanding exist between the Government and the College of Physicians or Surgeons?—*London Lancet.*

Anatomical Investigations on the body of a Criminal.—A series of experiments was lately made on the corpse of Gensler, who was put to death by the sword for having committed murder by poisoning. Professors Virchow, Kolliker, Muller, and Liebig, made microscopical and galvanic observations, the most prominent of which were: the microscopical representation of the ciliary movements on the third ventricle of the brain; further contraction of the iris by application of galvanic stimulus, and beautiful representation of muscular longitudinal stripes on a vein of the liver; also on the cremaster, which showed contractions for a longer time; the muscles of the thorax contracted for an hour after the decapitation. The corpse was subjected to anotomical investigation twenty-eight minutes after death. The temperature of the spot where the head was separatedfrom the trunk was yet ninety-eight degrees, whereas that of the room was eighty degrees. The head was separated from the trunk precisely at the atlas.—*Nueu Med. Chirurg. Zeit., in American Medical Monthly.*

Lady Doctors.—Two ladies, of quiet, elegant deportment, attended Mr. Ferguson's operations this week, and are going out to assist Miss Nightingale, who we regret to hear, has been attacked with fever. The wife of one of the surgeons of Smyrna staff is to have £300 a year as matron of the hospital.—*London Lancet.*

WESTERN LANCET.

EDITED BY T. WOOD. M

PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO.

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Original Lectures, Essays and Communications.

Syphilis—its nature, transmission and specific treatment. By H. GATCH CAREY, M. D., Dayton Ohio. *Read* before the April Session of the Montgomery Medical Society, 1855.

"The way of the transgressor s hard."—Proverbs.
"The iniquities of the fathers are visited upon the children, to the third and fourth generation."—Exodus.

The introduction of animal poisons into the human constitution, and their reproduction in the fluids and soft solids of the body, are points, replete with interest to the medical philanthropist. In their effects upon the economy, they give origin to phenomena of the most diversified and often fatal character. Each, depending upon a specific cause, and having a common field of action, presents features peculiar to their respective members, and common to the great family of contagious diseases.

Contact of fluids or solids surcharged with the virus, is essential to the propagation of some forms of animal poison; in others, disease may be disseminated at great distances through the medium of the atmosphere. After gaining admission to the system of man, they are all prone to reproduce themselves; developing only temporary impressions in some instances; and in other cases, entailing loathsome disease and premature

decay, upon the immediate and subsequent generations. Scientific medicine, untiring in research and fertile in discovery, has achieved its most signal victories over animal poisons. The adder may now sting with impunity. Scarlatina and Typhus, are gently yielding to its omnipotence. To small pox, it says "thus far mayest thou come, but no farther;" and Syphilis is fast making a comprehensive position in pathology and therapeutics.

Until within the past few years, this latter affection, in America, has been chiefly confined to commercial and metropolitan districts; but the rapidly increasing facilities for human intercourse, and the vast emigration to our shores from almost every nation under heaven, and their promiscuous intermingling with our citizens, have extended syphilis to almost every town and village of this continent. A more intimate knowledge therefore, of its nature, pathology, tendencies and treatment, are daily increasing in importance, to the general practitioner of medicine.

Syphilization.—The protection against small pox resulting from vaccination, suggested the idea of syphilization. It has been found, however, that the syphilitic virus loses none of its virulence by passing through the system of inferior animals; and that, unlike the poison of small pox, saturation of animal fluids with it, does not exert any prophylactic influence. This has been the great barrier to successful syphilization. The insane notion therefore, of saturating every human being, either to cure syphilis or to fortify our race against it, has been abandoned by rational minds of the present day.

Syphilitic virus, sui generis.—Chemistry and the microscope, have failed to disclose any definite knowledge, concerning the true nature and essence of the poison producing syphilis. The pus surcharged with it, does not furnish anything peculiar; nor does the local action producing the virus, discover conclusive evidence of its character. Inocculation, is the only infallible test.

Transmission. Syphilis cannot be communicated to a second person, through the medium of the atmosphere. Contact of secretions, or substances holding the virus in suspension with the living animal fibre, is essential to its propagation. The disease is communicated most frequently by means of pus secreted upon the surface of a chancre. This, on being applied to the healthy integument, will reproduce a train of symptoms and results, partaking much of the general features and character of the morbid action, which gave origin to it, *viz:* a chancre. This is the rule, and the only acknowledged one, by which primary syphilis can be communicated. I believe, however, that it is possible for a specific syphilitic bubo, to follow impure cohabitation, without the preexistence of a chancre. I am aware, that "the law and the testimony" are adverse to this proposition; yet, I can conceive of a combination of circumstances, capable of producing such results, without doing violence to any of the known laws of medical philosophy. Syphilitic poison, on coming in contact with a rapidly absorbing or abraded surface—such as the glans penis, which is habitually clothed with the prepuce, may be taken up by a lymphatic vessel in sufficient quantities, in a brief period, to excite inflammation in an irritable gland, without producing any local sore. Strength would be added to this assumption, if several hours should elapse after connection, before ablution was performed.

A case in point will illustrate my meaning. S., aged 27, lymphatic aud sanguine temperament, applied to me in Dec., 1851, for a soft chancre situated in the fossa of the corona glandis. It was about the size of a split pea, and yielded promptly to the abortive treatment. Contemporaneous with the formation of this specific ulcer, an inguinal gland of the right side began to enlarge, and in defiance of my best directed efforts, it went on to supuration. After the pus was discharged by the knife, convalescence soon followed. Nine months subsequent, the same person sought my advice, concerning an enlarged lymphatic gland in the left inguinal region, which

made its appearance three days after a sexual congress with a *mistress.* I examined every part of the genitals, nates, perineum and thighs, capable of receiving the poison, and especially the meatus sulci and duplications of the glands and prepuce, with great caution, and failed to detect even an abrasion.

There was not any discharge from the penis, or soreness along its tract, at any time during the progress of the case; nor was there any irritation of the lower left extremity, which could account for the inguinal difficulty. The patient had not been submitted to active exercise, that could produce an enlargement of the gland. Two other glands higher up in the chain, soon became implicated, all finally suppurated and were followed by induration of their walls, and a persistent gleety discharge. These symptoms finally yielded to mercurialism, instituted and mantained for some weeks.

The evidence establishing the origin of these glandular enlargements, is not conclusive; yet, all the rational and physical signs—the eminently sensitive lymphatic system, indicated by the early appearance of the bubo in 1851, the course of the disease, the callosity of the parieties of the bubo, the effects of the remedies, and the absence of all other causes capable of producing such results, to my mind, are sufficient, to warrant the conclusion, of their specific nature. The patient refused the application of the specific test—inocculation. Constitutional symptoms have not yet followed.

Since the above opinion was formed and written, I find that Gay, of London—March No. of London Lancet, has advanced similar views; and Vidal in his recent work on "Venereal," arrives at precisely the same conclusion. He says, that syphilitic virus may involve a gland, after having ulcerated or inflamed the tegumentary surface with which it comes in contact; or, indeed, after traumatic solution of continuity, or, even without any alteration of the integuments; in other words, by *physiological absorption.* This would imply that a bubo may follow a chancre, a blenorrhagia, or inoculated wound, or even

may occur without any of these lesions; that is to say, be *primary.*

Lesion of the cuticle, then, or epithelial membrane, is not essential to inocculation or glandular infection. Abrasion will favor the local action of the poison. Moisture will promote similar results. The folds and fissures of the mucus membrane, covering the glans penis, and lining the prepuce, are eminently favorable to the reception and reproduction of syphilitic poison. No part of the body is exempt from the specific action of the virus. Chancres are occasionally found upon the fingers, lips, gums, &c.

The above means of communicating primary syphilis, viz: by the virus generated upan the surface of a chancre coming in contact with the living tissues, and developing a local sore, or lighting up disease in an adjacent lymphatic, are the only ones by which this stage of syphilis can be communicated; but after the constitution becomes once contaminated by the introduction of the poison, so long as there remains any lurkings of the ferment—and it is a grave question, whether this does not continue during the entire life of the individual—it is capable of being transmitted in several distinct ways.

First. From the parent to the offspring. That this should be the case, is quite obvious, when we take into the account, the important relations which they sustain to each other. If either of the parents is affected with the secondary taint, the part which he or she may contribute to the *embryonic existence,* will impart to the latter all the specific properties possessed by the former. This latent principle may speedily reproduce itself in the delicate cells of the new *budling,* and rapidly put an end to its vitality; or it may remain perfectly dormant during the period of utero-gestation, and exhibit not even a trace of its existence in the full blown flower. Sooner or later, however, "the worm that dieth not" will appear, with "the mark of the beast," to disfigure the features and consume the opening man. If the mother is the source through which the embryo becomes poisoned, the morbid action will generally be

confined to her and the germ; on the contrary, when the male progenitor furnishes the ferment, it almost inevitably extends to, and contaminates the mother, through the portal circulation. The free intercommunication which exists between the maternal and fœtal blood, naturally impart to each, the characteristic taints of the other. Should the paternal poison at the time of impregnation, and during gestation in the mother, have some point through which it may escape, as a cutaneous eruption, tubercle or running sore, the embryo and subsequent child will enjoy greater chances to escape constitutional contamination. Again, if the father contributes the elements of disease to the germ, and the mother is healthy, the latter will be more likely to remain exempt from disease, if the *materis morbi* confines itself to, and lights up disease in the fœtus or its appendages. A mother may bear an infant, which in future years will be afflicted with constitutional syphilis, entailed by the father, and she escape contamination.

Second. Secondary syphilis may be communicated by the secretions of one person having the disease, coming in contact with an absorbing surface of another enjoying good health. Every fluid and tissue of an individual laboring under this form of the disease, is supposed to be surcharged with the poison. In some instances, it may be so slight as not to disturb the general health, so long as the vital powers of resistance remain at an elevated or par standard; but when the life force is depressed from any real cause, the ferment which has been accumulating, will rapidly reproduce itself, until it attains the point of saturation in the system, when it will burst forth and manifest its presence externally, in the form of systemic disease. The emunctories of the body are all so many avenues through which nature seeks to expel this poison. The cutaneous, mucus aud serous excretions, are all thus impregnated with the virus, and when they are brought in contact with the absorbing surface of a second person and taken up, the contained ferment will reproduce itself in this *new nidus*, and develop constitutional syphilis.

G. E., æt. 23, contracted indurated chancre in January, 1854. A month's treatment effected a cure. This was the first time he had ever had venereal disease of any character. Supposing himself free from all taints of the original chancre, in June he married a healthy girl of twenty years, having the nervous, bilious and lymphatic temperaments, about equally mingled. August the 1st, the lateral cervical glands of G. E. began to enlarge, which was followed by soreness of the throat, fissures of the tongue, and a furfuraceous copper-colored eruption, covering the back and dorsal aspects of the extremities. Early in September, I was consulted in reference to the condition of his lady, whose general health was rapidly declining. I learned that she had always enjoyed good health and menstruated regularly, from the first appearance of this flux, up to the 4th of the present month—September—when the discharge was scanty, and attended with considerable pain. She had never had leucorrhœa, or any discharge or sores of the genitals. For several weeks, her general health and buoyant spirits had been rapidly waning. I found her with a muddy, nettled skin, rheumatism of the brow and scalp, enlargement of the lateral cervical, suboccipital and inguinal glands; mucus tubercles upon the tongue, and inflammation of the tonsils and mucus membrane of the throat. All these unpleasant symptoms, together with those which affected the husband, disappeared by gentle mercurialism, maintained for a fortnight, by the protoiodide of mercury. This woman had not been pregnant, and there could have been no other means by which she could have contracted secondary syphilis from her husband, than through the genital secretions. After citing numerous instances like the above case, Wilson, in his work on syphilis, in summing up, says, that it is a secondary poison, giving origin to a secondary affection, without the presence of the primary disease in the infector, or the intervention of the same in the infectee; the first appearance of the disease in the latter, being a constitutional, or secondary sore.

Third. A nurse, affected with secondary syphilis, may communicate this disease to a healthy child, through the lacteal secretions; and a syphilitic child may inoculate a healthy woman, by nursing. Both of these propositions are denied by the disciples of Hunter and Travers, while they admit that the male parent, does transmit to the ovum, secondary disease through the agency of the sperm cell which he contributes. They also concede the reciprocal influence of mother and child in utero. Reasoning alone from the analogy which these latter cases furnish, to the preceding and admitted means of transmitting secondary syphilis, I would be led to infer the correctness of the third proposition, upon this evidence; but fortunately, recent syphilitic history abounds in cases of undoubted authenticity, in which children have not only imbibed constitutional poison by nursing women laboring under the secondary disease, through the milk, but have in turn themselves, when affected with this form of syphilis, communicated it to a healthy nurse, through the poison contained in the saliva, by coming in contact with the nipple. This position again, is amply sustained by the succeeding means of transmission, viz:

Fourth. Blood drawn from a patient affected with secondary syphilis, and retained in contact with a denuded or incised surface, of an individual in good health, will develope constitutional disease in the latter. The same is equally true of the secretions and pus from secondary sores. The correctness of these postulates, is based upon the direct experiments of Vidal, Cazenave, Wallace, Waller, Boreley, Rechett, Litthmann and other eminent French authorities, who are entitled to confidence, and whose original investigations have greatly enriched this and other departments of science.

Fifth. Tertiary syphilis is not capable of being transmitted by inoculation, to the offspring, and retain its distinctive features or original physiognomy. It is highly probable, however, that parents laboring under this form of syphilis, may impart to their issue, a constitutional cachexia or dis-

thesis, but little less repulsive to nature, and malignant in its results to health and life, than the original affection. I will not risk an opinion on this delicate topic, as it will be liable to misrepresentation. Wilson takes the ground that constitutional syphilis, is never eradicated from the system. If this be correct, he says, the question comes before us, what if an infected child, grown to manhood, should marry? and with still greater force—what if the infected child, grown to manhood, should marry the daughter of an infected wife? There can be no doubt, but that some evidences of the latent poison will be exhibited either by themselves, or their offspring. Such evidence is exhibited, and I feel convinced that a considerable proportion of the diseases which pass under the name of scrofula, are the products of syphilitic poison—are in fact not scrofula, but syphilitic. Upon the same subject, Vidal holds this language. These accidents—tertiary, cannot be transmitted hereditarily, with their peculiar physiognomy; yet, by a kind of degeneration or modification of syphilis, they may become one of the most fruitful sources of scrofula.

Facts tending to establish the idea of the transmission of syphilis by the genital, lacteal, mucus, cutaneous, morbid secretions of the surface, and the blood of persons laboring under secondary syphilis, have justly been received by the profession, with the greatest possible circumspection and caution; but the evidence has become so ample and diversified, as to carry with it conviction, to the mind of all who investigate the subject impartially.

Incubation.—The latent period of syphilis, or that space of time which intervenes between the application of the poison to the surface, and the formation of a chancre, varies from a few days to that of many weeks. In every instance, however, the morbid action doubtless commences after a few hours from the time the virus is applied. The first manifestation of disease, is a florid papule, which expands into a vesicle about the fourth day. This increases in dimensions, until the cuticle separates from the subjacent structures; and after becoming

an umbilicated pustule on the sixth or eighth day, it bursts, leaving an ulcer, surrounded by an erythematic blush. *This is a chancre.*—Up to this time, a local increase of heat and slight formication, are all the attending inconveniences which the patient experiences. This stage of syphilis, often passes without the knowledge of the patient; the physician therefore, is seldom permitted to watch the primary steps of the disease, except in cases of artificial inoculation.

Size and Variety of Chancres.—Chancres vary in size, from mere points to extensive lesions, occupying the entire genital organs and adjacent lymphatics, or other soft parts, which may have been the recipients of the poison. They are of three varieties, viz: the simple, indurated and phagedenic.

Simple Chancre.—The simple, soft, or non-indurated chancre, consists of an ulcerated patch, having irregular perpendicular edges, and a base covered with a tenacious secretion, of a grey or light yellow color; and the whole being surrounded by an inflammatory margin.

Indurated Chancre.—The indurated, hard or Hunterian variety, differs from the above, in being circular, and having elevated margins, and walls of cartilaginous hardness. It feels like an unyielding cup, set in the integuments, and is not attended by any considerable heat or pain. It is the chronic form of local syphilis, and *portends danger.*

Phagedenic Chancre.—This is gangrene, superadded to either of the preceding; and where it extends with irregular, jagged margins, it is called *serpiginous.*

Constitutional peculiarities, determine the character of the chancre.—Constitutional peculiarities and habits of the subject receiving the poison, determine the character of the local action which follows. Persons of lymphatic and sanguine temperaments, are most obnoxious to syphilis. Dissipation, hot climate, and promiscuous sexual congress between different nations, enhance the virulence of the poison. The same virus may produce a simple chancre in one person, indurated in another, and phagedenic in the third.

Primary Syphilis.—As long as the morbid process is confined to the parts receiving the poison of syphilis, and the adjacent lymphatics, the disease is primary. The implication of the lymphatics, whether vessels or glands, constitutes *bubo.* This latter is not a necessary attendant of chancre, but is most liable to follow those which are situated in the vicinity of the frenum, than any other locality.

Sequences of Chancre.—Indurated chancre, is invariably followed by constitutional syphilis, without appropriate treatment. It is indeed, the local manifestations of a general morbid action, which sooner or later will appear. This is not necessarily the case with either of the other forms of primary syphilis. Soft chancre, next in frequency to the Hunterian, is disposed to poison the fluids at large. However extensive and formidable the phagedenic chancre may be, it rarely if ever, is followed by systemic contamination. Like high disorganizing grades of inflammation, resulting from vaccination, phagedena destroys the poison—making power of syphilis.

Constitutional Syphilis.—Constitutional symptoms of syphilis, rarely make their appearance prior to the twentieth day after the dawning of the local action. They may be delayed for almost an indefinite period beyond this time. When the primary lesion is slow in being repaired, both these forms, local and constitutional, may occasionally be found present in the same patient.

Varieties of Constitutional Syphilis.—Constitutional syphilis is of two varieties; *secondary* and *tertiary.* This division is based upon the different structures which they respectively attack; the former preying upon the superficial lymphatics, skin and its appendages, mucus membrane, &c.; and the latter, confining itself to the deep seated glands, viscera, cellular tissues, spongy bones, &c., &c. Where syphilitic virus comes in contact with the tegumentary covering of the body, or mucus membrane, it may exhaust itself in producing a local sore, and go no farther. Unless judiciously cared for, however, the rule is, that it is prone to contaminate the system at large.

Secondary Syphilis.—Secondary syphilis, rarely makes its appearance within the first fortnight; most generally, within the next succeeding six months; and occasionally, not until after the lapse of a year. The most constant and reliable symptoms of this form of the disease, are engorgement of the sub-occipital and lateral cervical glands; squamous, papular and pustular eruptions of the skin; falling of the hair; congestion and follicular inflammation of the mucus membrane of the mouth and fauces; and superficial neuralgic pains. These symptoms, with many others, may come and go at irregular intervals, or remain stationary for years; most or all, may be present in the same case, or appear solitary. Secondary syphilitic eruptions, may simulate any of the protean forms of skin disease, of which this latter covering of the body, is capable of being affected with. The diagnostic elements are, their copper colored appearance, crescentic form, absence of heat, pain and itching, and dirty bronzed stains of their cicatrices. The daily accumulating evidence, renders it more than probable, that when syphilis attains to this stage, the resulting poison can never wholly be expelled from the system. For a season, it may be smothered, evincing no traces of its presence; but like the smouldering volcano, the apparent subjugation is only a period of quiet, in which the gathering energies are concentrating, to burst forth with more appalling destruction.

Tertiary Syphilis.—Takes a deeper hold upon the vitality of the system, than any of the preceding varieties. It is a more perfect saturation of the body, consequent to the delay of the poison and enfeebled condition of the vital energies, resulting from the previous stages of the disease. The spongy bones and deep seated cellular tissue, melt under its dissolving influence; the skin and subjacent structures, become the seat of foul, serpiginous ulcers; the periphery and substance of the bones, are invaded by unhealthy inflammations and morbid deposits; the brain, lungs, liver, and any or all the other important viscera of the body are subject to destruction, by this pervasive influence.

Treatment.—Each stage of syphilis requires peculiar treatment. In the primary form of the disease, the affection is supposed in all cases to be confined to the point of inoculation; up to the fifth or sixth day. Within this period, the *abortive treatment* is appropriate. By this term, the idea of jugulating, or cutting the disease short at a single blow, is designed to be conveyed. This is accomplished by the more powerful escharotics, as caustic potash, nitrate of silver, nitric or muriatic acid, or the actual cautery. The object to be accomplished, is a total and utter destruction of the virus and virus generating surface. The means that will accomplish these ends most effectually, with the least consequent injury to the soft parts implicated, the better for the patient. All of the above named remedies and many others, have their special advocates among surgeons; any one of which is competent to establish the desired object, if properly applied: *that is*, to convert the diseased surface into a perfect eschar. After this latter falls off, if the sore does not present a healthy, granulating appearance, the caustic must be re-applied from time to time, until this does take place. To facilitate the separation of the tissues which have been killed by the caustic, the parts should be kept constantly moistened by some stimulating and astringent wash. I have found nothing so successful as one drachm of gum kino, one ounce of compound spirits of lavender and laudanum each, and two ounces of water. This is a good counterfeit for Ricord's celebrated aromatic wine. The wine of opium also, answers the same purpose quite well. A piece of lint sufficiently large to cover the chancre, should be moistened in one of these lotions, and applied, with oiled silk super-imposed, to prevent speedy evaporation.

This treatment, the *abortive*, is all that is usually necessary, to cure the *soft, or non-indurated chancre.* If the case becomes protracted, or the patient's health is obviously out of order, it must be restored by those remedies, that will excite the emunctories of the body most successfully. For this pur-

pose, there is no remedy, so prompt and efficient as mercury, in some form; judiciously combined, with other remedies, indicated in the particular case. It is not necessary, that the former should be pushed to its specific effects upon the constitution, but simply to excite the general secretory organs, to a healthful pouring out of their respective fluids.

The above, or abortive treatment, is not applicable to the *indurated or Hunterian chancre.* Nor are caustic applications of any benefit. The local treatment of this form of syphilis, must consist of soothing, anodyne applications. To cure the indurated accident, the constitution must be medicated; be brought under the specific effects of mercury, and kept thus, until the local difficulty is eradicated. This is also indispensable, for the safety of the patient; for unless it be accomplished, secondary syphilis will certainly follow. As mercurialism is the object earnestly sought for, as the *sign of safety*; its speedy accomplishment in this case, is desirable. I am not the advocate of an indiscriminate, reckless use of mercury, in this disease. If the induration will yield short of mercurialism, well; but if not, I believe the only salvation of the patient, rests in the prompt constitutional manifestation of the remedy. Calomel or blue mass, is the remedy to be used. They should be given in small doses, three times per day, until the chancre yields, or ptyalism is induced; which should be maintained in the mildest possible form, as long as there is any induration in the site of the local affection. This is all that can be done, so far as is known, aside from maintaining a general state of health, to fortify the system of the patient against the re-appearance of the poison, in the form of secondary disease.

The local treatment of *phagedenic chancre* must be of the most prompt and energetic character. The active disorganising escharotics, are often imperiously demanded, to arrest the ravages of the local action, and save the life of the patient. The whole diseased mass, must be totally and promptly destroyed, by some active escharotic; after which, the parts

implicated, may be covered with a fermenting poultice, or kept constantly wet, with the liquid chloride of soda, diluted with four or five times its own volume of water. Either of these, will stimulate the adjacent tissues, to throw off the dead parts, and assume a more healthy action. If the disease manifests any disposition to extend, it must be intercepted by the escharotic.

The general vitiated and deranged condition of the system, which gave to this local sore, its virulence; calls for corresponding constitutional treatment. Mercury, *per se*, is not essential to the successful treatment of these cases; yet it is highly valuable as an adjunct, to other remedies; in correcting the depraved secretions. Diaphoretics, diuretics, anodynes, tonics and stimulants, are the remedial agents most frequently called into requisition.

Syphilitic bubo, is to be treated locally, upon the same general principles, as enlargements of the vessels and glands, from other causes, viz: by antiphlogistic applications, revulsives and pressure. In the early stage, leeches or cold; in a more advanced condition, tr. of iodine, a solution of bichloride of mercury, or mercurial ointment; and when the enlargement becomes chronic, blisters, pressure, &c. As soon as matter forms, the bubo should be opened freely, and injected with a solution of nitrate of silver, from ten to forty grains to the ounce of water; and afterwards poulticed. The introduction of this solution into the cavity of the abcess, will cauterize every part of it, and destroy whatever elements of virus, which may have remained behind, after the general contents of the sack have been evacuated. This injection should be repeated, as often as the discharge from the open bubo, becomes thin and serous in character. If the walls of the bubo become indurated, the general treatment must be after the manner of Hunterian chancre.

Secondary.—The great remedy for secondary syphilis, is the *protoiodide of mercury*. The silent, alterant influence which it exerts upon the human economy, is usually subver-

sive of constitutional syphilitic manifestations; which wilt and disappear like magic, when the remedy is pushed to its specific effects upon the system. In it, there is a happy blending of the powers possessed by the great anti-inflammatory, and equally potential, anti-cachetic alterants, mercury and iodine; which peculiarly adapts this remedy, to this stage of syphilis. It should be given in half to grain doses, three times per day, combined with double the quantity of extract of hyoscyamus; and persisted in, until its specific effects are manifest, either upon the disease, or constitution. The former, will generally make its appearance before the latter; when so, the remedy should be continued, until all vestiges of the poison have disappeared. On the contrary, the amount of medicine must be decreased, or given at longer intervals, until the local effects upon the gums have vanished. Then, the remedy should be resumed and persisted in, until the disease is overcome. As the above might indicate, secondary syphilis should not be treated by a single remedy alone. The great emunctories must not be overlooked, in the specific course prescribed, for this stage of the disease. The skin, liver, kidneys and mucus exhalents, should be kept actively performing their respective duties. In protracted cases, in broken down constitutions, after mercury fails, the iodide of potassium, occasionally cures; but the mercurial must be the leading feature in the successful treatment of secondary accidents.

Tertiary. The cachetic, broken down state of the constitution in tertiary syphilis, demands, for the amelioration of suffering and repair of injuries sustained by the body, the protracted use of tonic alterants and depuratives. As the champion of these remedies, *iodide of potassium*, stands preeminent. It is to the tertiary, what the protoiodide, is to the secondary, and calomel or blue mass to the primary indurated forms of syphilis. They are respectively, the sovereigns of the three stages of this disease. The iodide of potassium should be given in from five to twenty grain doses, three times per day, in some diaphoretic, or alterant mixture, as hop tea

or compound syrup of sarsaparilla. Should the nocturnal pains which often rack patients be severe, the fluid extract of hyoscyamus may be added, in quantities sufficient to quiet the suffering. When there is great prostration of the vital energies, quinine in tonic doses, should be administered. The foul ulcers of the throat, must be touched every day with the solid nitrate of silver—a saturated solution of it in water—until they take on healthy action. Nothing will act so prompt in cleaning and sloughing ulcers upon the surface, as the liquid chloride of soda, diluted with six or eight times its own volume of water. Like the primary and secondary, the secondary and tertiary forms of this affection may occasionally be found to exist in the same individual. Indeed, there is nothing incompatible in the joint existence of the three stages. These complications must be met by remedies appropriately combined. In some cases of tertiary syphilis, strychnia is a most valuable tonic; and prompt in controlling syphilitic rheumatism, after all other remedies fail. In one case, after having exhausted my resources in the use of alterants, tonics, antiperiodics, anodynes and stimulants, one-sixteenth of a grain, given three times per day, acted like magic, in dispelling the nocturnal pains and in establishing a healthy condition of several serpiginous ulcers upon the left leg. All other medication in this case was suspended, and the strychnia administered as above specified, and the patient began to convalesce from "that very hour;" and was soon restored to his accustomed health. I have not had a second opportunity to test the virtues of this agent.

To do justice to the topics herein imperfectly sketched, this paper should have been expanded into a volume; but for the sake of brevity, I have intentionally avoided argumentation, and confined myself to the enumeration of the leading facts of syphilis, as they are understood at the present day, by the most approved authors. If I have succeeded in refreshing the minds of those to whom this subject is already familiar; or in calling the attention of others, who, from circumstances,

are less fortunate, to the daily increasing demand which this subject has upon every member of the healing art, my objects will have been accomplished.

Importance of Vaccination and Revaccination. By DR. ROLKER.

During the last twenty years we have had three epidemics of Small Pox and Varioloid in Cincinnati, which fact has caused many persons and even physicians to think, that Vaccination is of no value, and affords no protection against the disease. We have collected the following statistics, to counteract this erroneous and injurious notion.

The calculation has been made that during the last century 400,000 persons died annually of this disease in Europe, while her population was much thinner than it is now. In Sweden alone, the mortality from Small Pox amounted many a year to from 12,000 to 15,000 individuals; while since the year 1809 it never arose again to 1,000. In the year 1796, died, over 26,000 persons from this disease in Prussia. In an epidemic at Copenhagen, during the years 1823–'24, of 988 variola-patients, 659 were vaccinated, 5 of which died, equal to 0.76 per cent.; 158 were *not* vaccinated, 35 of which died, equal to 22.15 per cent.

In an epidemic at Digne, in the year 1827, died, of 478 vaccinated Variol. patients 1, equal to 0.2 per cent.; 162 not vaccinated Variol. patients 93, equal to 57.4 per cent.

In an epidemic at Marseilles, in the year 1828, died of about 2,000 vaccinated patients 45, of 8,000 not vaccinated ones 1488.

In Wirtemberg died within five years of 391 Variola patients, who never had been vaccinated, 100, equal to 25.5 per cent., of 1,286 Variol. patients, who had been vaccinated, 98, equal to 7.6 per cent. In 30 Variol. epidemics from the years 1816 to 1841, in France, occurred 15,921 cases, of which 10,434 were *not* vaccinated, and 1,682 thereof died,

equal to 16.12 per cent.; 5,933 were vaccinated, and 62 thereof died, equal to 1.04 per cent.; 30 had Variola the second time, 5 thereof died, equal to 16.66 per cent.

Rilliet & Barthez report the following valuable statistics of a small, but well observed number of cases:

	CURED.	DIED.	TOTAL
Normal primitive simple Variola vera	9	0	9
" secondary " " "	0	1	1
" primitive complicated Variola vera	11	8	19
" secondary " " "	0	1	1
Abnormal primitive simple " "	0	6	6
" secondary " " "	0	7	7
" primitive complicated " "	2	11	13
" secondary " " "	1	12	13
Normal primitive simple Varioloid	41	0	41
" secondary " "	3	0	3
" primitive complicated Varioloid	6	0	6
" secondary " "	1	1	2
Abnormal primitive simple "	1	0	1
" secondary " "	7	6	13
" primitive complicated "	3	1	4
" secondary " "	2	0	2
Primitive simple Varicella	7	0	7
Secondary " "	1	1	2

La Coadamine says, that it can be asserted without any exaggeration, that in former days one-tenth of mankind has died of Small Pox, and another tenth has been maimed, or crippled, or mutilated by it; for besides disfiguring marks, there remain other evil consequences from it, as chronic cutaneous diseases of various kinds; frequently blindness, not seldom deafness, contracted limbs, crippled joints, anchylosis of the vertebræ, paralysis of various parts, diseases of the intestines, general marasmus, and generally ruined constitutions, &c.

On Revaccination we will give an extract from the Military Medical Report of the Prussian Army in the year 1850. In

this year the severest epidemic of Small Pox during this century broke out in various parts of Germany, including Prussia.

In the year 1850 have been vaccinated in the Prussian Army 44,539 individuals.

Marks of a former vaccination had

distinct ones	33,466	"
indistinct ones	7,053	"
none at all	4,020	"

Revaccination was in its course

regular with	25,030	individuals.
irregular with	7,509	"
without success	12,000	"

Where unsuccessful, vaccination was repeated

with success with	2,355	individuals.
without success with	8,766	"

Genuine pustules came in consequence of the vaccination, viz.:

1–5	pustules	with	12,461
6–10	"	"	7,964
11–20	"	"	6,092
21–30	"	"	868

Of those now and formerly successfully revaccinated persons became sick in the year 1850

of Varicellæ	10
of Varioloids	22
of Variola vera	—

Vaccination then had such success in the army in the year 1850, as to generate genuine vaccine pox with 56 out of 100 individuals, or, by including those who were revaccinated, after an unsuccessful vaccination, with more than 61 out of 100 individuals.

The whole number of sick with the various forms of Variola in the army in 1850 was 176, viz.: with Varicellæ 48, with Varioloid 121, with Variola vera 7.

Of individuals who had not been revaccinated, 76 were sick, viz.: 18 with Varicellæ, 52 with Varioloid, and 6 with Variola vera.

Of persons, with whom revaccination had no success, 68 were sick, viz.: 20 with Varicellæ, 47 with Varioloid, and 1 with Variola vera.

Of persons, who had been revaccinated successfully, 32 were sick, viz.: 10 with Varicellæ and 22 with Varioloid.

In the year 1851 were vaccinated in the Prussian Army 57,059 individuals.

The marks of former vaccination were			
	distinct with	42,203	"
	indistinct with	9,935	"
	none at all	4,921	"
The vaccine pox were in their course			
	regular with	33,444	"
	irregular with	9,857	"
the vaccination was unsuccessful with		13,758	"
With these last ones vaccination was repeated			
	with success in	3,338	"
	without success in	10,354	"
Genuine vacine pustules appeared			
viz.:	1–5 pustules in	16,203	"
	6–10 " "	11,296	"
	11–20 " "	8,196	"
	21–30 " "	1,087	"

Of persons in the year 1851 and before revaccinated with success, were taken with Varicellæ 20
" Varioloid 41
" Variola vera none

The whole number of persons sick in 1851 with Variola was 246, viz.: with Varicellæ 79, with Varioloid 160, with Variola vera 7.

114 cases occured with persons, not revaccinated, viz.: 38 with Varicellæ, 72 Varioloid, and 4 with Variola vera.

71 cases with persons, who had been revaccinated without success, viz.; 21 with Varicellæ, 47 with Varioloid, and 3 with Variola vera.

The by far greatest number of Variola disorders occurred

during the first 8 months of the year, while the troops were en route or stationed in parts, where the epidemic was prevailing.

With persons, that had been revaccinated, the disease was always very mild, frequently insignificant; not always so mild however, with persons not revaccinated, three of which died, with two of whom revaccination had not taken.

On the Douche. By G. P. HACHENBERG, M. D. Springfield, Ohio.

The application of the Douche, in the treatment of disease is of ancient origin. Since the days of the Father of Medicine its potency has been recognized, but, perhaps in no age has the experiment with the Douche proved as satisfactory, as in the present. The American medical profession has not kept pace with that of Europe, in tracing out the legitimate rank of this powerful agent in therapeutics. And even the latter may have been deterred from giving it a proper investigation, most probably, from the dislike the profession has in meddling with a quack's panacea. Hydropathy possesses little, or no claims to the douche—it being too powerful and dangerous a remedy for empyricism. But were the douche really the great engine of the school of Priessnitz in subduing disease, it would be unwarrantable for us as a scientific fraternity, to disregard it because a good thing happens to be in the hands of fools or quacks. Science knows no school—no system other than is based upon truth.

One of the most remarkable physiological properties of the douche, is its reflex action upon the animal economy. This fact it might be supposed led Professor of Kiwisch, of Wurzburg to discover it as one of the most powerful as well as safest parturients for the induction of premature labor. Dr. W. Tyler Smith, Physician-accoucheur to St. Mary's Hospital has placed its parturient properties beyond the cavil which Ergot has met with, whose therapeutic effects caused perhaps

a greater diversity of opinions among eminent medical men than any other medicine. I. Prior Lacy and others have likewise fairly tested its parturient efficacy. Simpson, in a letter to Marhsall Hall, states that he controlled uterine hemorrhage by the introduction of cold water into the uterus. Barlow's experience coincides with that of Simpson; and Professor Paine, of New York writes: "I have applied ice in several cases of alarming uterine hemorrhage, supervening upon parturition with immediate effect, and without any unpleasant symtom. A lump of ice to the size of a turkey's egg has been introduced within the cavity of the uterus, and carried gently around its parietes." As an emenagogue and for restoring depressed lochial discharge the warm uterine douche has proved highly satisfactory in my hands.

The application of the douche to the head, is perhaps generally better understood than to any other part of the body. Taylor, Harthill, Banks, Currie, and others used it in drunkenness, poisoning and narcotism. Esquiral, and others in Insanity. Marshall Hall aud others in Asphyxia. Cold application to the head as a local antiphlogistic remedy is more or less favorably dwelled upon in nearly all treatises on cephalic diseases.

The cold douche and cold applications to the throat and chest have at no time been very favorably regarded. Baumback, of England, and Harder, of St. Petersburg, applied the cold douche to the spine in Croup. Sloan from Ayr to the throat in Bronchocele. Gordon, treated Cynanche maligna, and Graves, Croup and Bronchities with the warm douche or applications. Relying upon the authorities, the warmdouche and fomentations are particularly applicable in diseases of the throat and chest. A douche either cold or warm has its specfiic effect, not only on the part to which it is appiled, but on the entire body.

In nearly all inflammatory affections of the abdominal cavity, the cold douche to the abdomen is considered inapplicable and dangerous, still Graves, applied ice to the epigastrium, for

gastritis; and I do not know why peritonitis could not be treated in a similar manner. The cold douche in inflammatory diseases is more applicable when the inflammation is suspended, whereas the use of the warm douche, is best indicated where the inflammation is deeply seated. Peritonitis being generally the most superficial of inflammatory diseases of the abdomen, may be treated under favorable circumstances with cold, or the cold douche upon the same principle, as the application of the same to the head for meningitis. In the cold and advanced stage of this formable disease, the warm douche and warm fomentations would be more applicable. M. Moreau Boutard, reduced strangulated hernia with the cold douche. M. Butignot, appled cold to the abdomen with success, in an obstinate case of hysteria. In obstruction of the ductus communis coledochus, and in some forms of dyspepsia, and duodinal constipation, I would with consierable assurance apply the cold douche to the epigastrium.

Currie mentions the cold douche, applied to the genitalia in retention of urine. Dr. William Budd, according to Barlow, treated this complaint by the injection of cold water into the bladder. Esquiral applied the cold douche in masturbation. Barlow, the same, to the scrotum, to contract the cremaster. I have repeatedly applied the douche, to the genitalia with much satisfaction. One of the most obstinate spasmodic strictures of the sphincter of the bladder, occurring in a case of fever, I readily overcome by the cold douche to the penis, when many other remedies failed to give relief. The case of a student laboring under nocturnal emissions I treated successfully by the bougue and cold douche. A case of Hydrocele I entirely depressed by the application of the cold douche, and Tincture of Iodine. Dr. Sloan, illustrating the power of the cold douche in promoting absorption, and arresting diseased action, recorded in the Edinburg Monthly Medical Journal, are extremely interesting.

Dr. Barlow, thinks that a reflex action of the rectum is induced by the application of cold. Esquiral states that the

douche to the rectum has been advised to overcome obstinate constipation. Dr. John Wilson, Physician of the Middlesex Hospital, treated Colica pictonum with copious injections of warm water. Dr. A. S. Lawrence, reduced a strangulated hernia by similar means. Dr. E. Hare, as related in the Edinburg Med. and Surg. Journal, successfully treated Dysentery, by the enemata of tepid water.

Experience will doubtless prove that the most important application of the douche is to the spine. Professor Todd treated Infantile convulsion by applying ice to the spine. Dr. J. E. McGurr successfully treated Traumatic tetanus in the same manner. I have tried the cold douche with success in Infantile convulsion, a case, of which, I have lately reported in the Medical Counsellor. The spine appears to be the seat of all convulsive diseases, and an agent as powerful as the douche brought in proximity to the seat of morbid action, must, under favorable circumstances, induce some change in the immediate and operating cause of the disease.

In collapse, syncope, asphyxia, the douche must correspond in temperature with the nature of the case.

I would suggest that the most powerful douche to the body is with the metalic mercury. If there is a spark of vitality left in the cerebro-spinal axis, it must react itself under the most agonizing impulse of the mercurial douche. My experiments with this douche on inferior animals are highly interesting, and after I shall have still further tested its efficacy, I will with pride and pleasure offer the fruits of my labor to the profession.

The three great levers in therapeutics are blood-letting, calomel, and the douche. They are all direct in their action. The one holds its dominion over the fluids, one over secretion, and the other over the nervous system.

The primary morbid action in disease is innervation, irritation, the douche in this stage is prophylactic. As many diseases are highly complicated with a morbid nervous action,

the douche, as an adjuvant, may act as a curative. Nervous erethism often maintains a fever. Under these circumstances a douche on the epigastrium will bring down the most furious pulse.

I contemplate at an early period, a series of new methods in the application of the douche —— cold and warm applications to the different organs and parts of the human body.

Correspondence.

On the Propriety of Holding Patents for Medical and Surgical Instruments.

T. Wood, M. D., Dear Sir:

Every thing which concerns the interest, honor or dignity of the medical profession, should engage the careful attention of every member, and is a proper subject of discussion for the pages of a medical journal. No man of proper feeling would desire to do anything which could cause him to be regarded, by those with whom he is connected, as bartering away the high character of the profession to which he belongs; no man of liberal mind would do anything derogatory to its honor or dignity.

The action taken by the National Medical Association, which has just adjourned at Philadelphia, in connection with the resolution passed by the State Medical Society at its last meeting in Cincinnati, renders it necessary to investigate carefully the subject of patenting instruments for the profession, and to make ourselves thoroughly acquainted with the ground on which we stand. While the 4th Section of Art. 1, ch. 2, of the Code of Ethics of the National Association remains in force, it follows as a matter of course, that the State Medical Society, if it continue to uphold the resolution of its last meet-

ing, can not claim representation in that honorable body. The one has declared that it is, the other that it is not, derogatory to to professional character to hold a patent for any surgical instrument. Every member of the State Medical Society would deeply regret a contingency which would separate us from the National Association; nevertheless, if we are to suffer for doing right, and for upholding a correct principle, let our motto be, "fiat justitia, ruat cœlum." Let us remember, that we are not only determining a question of ethics, but we are agreeing to place a seal of disapprobation, a stigma of disgrace, on every member of the profession who performs a certain act.

The honor and dignity of the profession have been so shamefully prostituted, in the making and vending of patent medicines, that we have become hyper-sensitive on the subject of patents. If some other name could be given to the privilege an inventor claims to the exclusive right of property in any valuable instrument, we should never have seen this question agitated. Perhaps the idea, too, that the claim to manufacture an instrument smacks too much of the workshop of the mechanic, and thus offends excessive professional dignity, may have something to do with our dislike to exclusive right in the construction of surgical instruments. I have been led to these remarks, Mr. Editor, from the perusal of an article signed "Medicus," in the May number of the Lancet, and I hope you will afford me a little space, while I review some of the arguments advanced in that paper. And by way of introduction, permit me to say, that I aim here simply at ascertaining the true ground on which this question rests. I have no interest in any medical or surgical instrument, patented or unpatented. I have never invented any instrument, and probably shall never be able to do so; but I would not willingly see the man who, by long study and careful investigation of scientific principles, has produced a valuable instrument, branded with disgrace, because he desires to make his invention repay the expenditure of labor and means by which it was elaborated.

The declaration of "Medicus," that the society left its work unfinished, because it did not also justify the patenting of secret remedies, is worthy only a passing notice. It is well known, that the profession have uniformly repudiated secret remedies or patent medicines, simply from the fact, that no judicious practitioner will ever prescribe a preparation of the ingredients of which he is ignorant; and farther, because most of these articles depend on their secret composition alone for their reputation, because if once that composition were made known, all would see and acknowledge their utter worthlessness. It is for these reasons, and not because one man claims the exclusive right to their manufacture, that patent medicines are rejected by the scientific physician. As a proof of this statement, I might adduce the fact, that "McMunn's Elixir of Opium" has been extensively used and highly recommended by the most eminent members of the profession, because it was secret only as to its mode of preparation, not its composition; and the "Quaker's Black Drop" stood, for many years, in the same category. There is no parallel between the patent of a surgical instrument and that of a secret medicine, for while the one can be safely and conscientiously used by the honest and candid physician, the other can never be so.

The first argument of "Medicus" is, that every member of the profession is "entitled to *all* the knowledge held by any other member, without paying anything for it, as for a secret or exclusive knowledge." This proposition is entirely true; we subscribe to it in its totality. Every member is entitled to *all* the knowledge of any other member, but he is not entitled to *all* the emoluments arising from such knowledge. By being permitted to use the instrument, and apply it to hundreds of patients, thereby relieving their sufferings, he uses *all* the knowledge of the inventor, and derives much pecuniary benefit from that knowledge. He reads on the open face of the instrument, which he can view in all its parts and in all its peculiar adaptations to the purposes for which it was intended, its author's mode of adapting means to a particular end, just as

the man who reads the physiological experiments of Berard, or the discoveries of Marshall Hall, in reference to the cerebro-spinal system, gathers from these books, the copyright of which is secured by law to their authors, important knowledge, with regard to the treatment and cure of diseases which these experiments and discoveries are intended to illustrate. And if the one is secured a *property* in his Book, let the other hold without disgrace, a *property* in his instrument.

But it is said "the knowledge in the book copyrighted is not made exclusive, every man may write another book and use every idea or every particle of knowledge contained in the copyrighted work." Very true, and the same is true of the patented instrument, every man may use all the knowledge derived from it in the treatment of disease, and he may use this knowledge as a basis on which to build the structure of a better and more perfect instrument, which perhaps he never could have brought into existence, but for the knowledge derived from the model before him. The knowledge derived from the structure and adaptation of the instrument knows no limit, any more than the knowledge derived from the perusal of the Book. The quack Thompson took out a Patent not only for his medicines but for the *use of them.* No inventor claims any thing more than the right to manufacture his own instrument, leaving every member of the profession at perfect liberty to use the same as he may see fit without any other tax than the mere cost of construction. As a simple act of justice this privilege should be allowed to the inventor, that he may thereby be enabled to give to the public an instrument whose construction he can warrant and for the success of which he is willing to be responsible. As a parent is allowed to rear and educate his own children, so should the inventor be permitted to send forth into the world instruments *solely* of his own manufacture.

"In the case of the Copyright," says Medicus, "it is *property* which is protected, and in the patent of an Instrument,

it is *knowledge* before unknown or a discovery or invention which is rendered exclusive." Not so—in both cases it is *property* which is protected—the author claims exclusive right to issue or manufacture his book, and the inventor claims the same for his instrument; when the one passes from the press, and the other from the workshop, they are equally in the hands of the profession, to be freely used by them, and all the knowledge they may impart is freely given for the benefit of mankind. Where then lies the difference? It may be claimed that the authorship of a Book is a higher department of discovery or invention. This may or may not be true. If it be true, those who claim the higher ground should exhibit the more liberal spirit and give their labors untrammelled by exclusive rights to the benefit of their brethren. The remarks of "Medicus" on the subject of patenting operations are of the most shallow, ad captandum species; there is no similarity between an Operation and an Instrument, any more than between an Operation and a Book. There is material property from which profit may inure in the one, there never can be in the other.

We all agree that the profession of Medicine should be kept at the farthest possible remove from Quackery. We all agree that a spirit of liberality should characterise its members and all their acts. But let us beware lest we be found to exercise our liberality in a single direction and that a lamentably narrow one. With every disposition to do honor to those who devote their time and talents to authorship, we have no right to grant them privileges most signally exclusive, nor can we without injustice the most palpable, brand with disgrace and loss of professional standing, those who by an equal exercise of time and talent endeavor to benefit both themselves and their profession. I trust this matter may be carefully examined at the approaching meeting of our society and that justice may be done to all and full justice unawed by the *dicta* of authority.

CELSUS.

COVINGTON, KY., April 14, 1855.

Editor Western Lancet:—

When the January number of your journal was issued I was away from home, and some person took the liberty of appropriating my copy before my return; and I did not, for that reason, obtain a sight of it until to-day, or I should have replied to a communication in it earlier. The article alluded to is written by Thomas R. W. Leffray, of Crittenden, Ky., on "Milk Sickness."

Much as it is at war with my nature to engage in a controversy, (especially with my professional brethren), it becomes my duty, whenever I see an opinion expressed that is calculated to mislead, and am in possession of facts that would go far to correct such an opinion, to give publicity to them, in some shape for the benefit of all who are interested.

Dr. L. sets out thus:—"Herewith I annex a description of some cases of Milk Sickness, so called by the non-professional community and a portion of the professional world." Whatever of blame he may attach to the name of the disease, let him not include the "non-professional community" in it; for that was the name given to it by the profession, and some of its brightest luminaries have condescended so to call it. Upon the professional world then must rest the odium, (if there be any), that attaches to the name.

The writer, in the paragraph above alluded to, gives it as his opinion, "that the disease is of a severe bilious type, complicated with an aggravated form of gastro enteritis." The assertion of this opinion is, chiefly, what I shall bring my facts to bear upon. There are many points connected with the history of Milk Sickness that I shall not allude to in this paper; not so much because they are worthless as the extent they would swell the article to.

It was my fortune, (whether good or ill), to practice medicine in a region of country where, within the bounds of my practice, in *one* direction, Milk Sickness prevailed. The land, in this locality, was as productive as that in other por-

tions of the country; but, owing to the prevalence of this formidable disease, the price was kept down to less than one-half. I have attended a great number of cases of Milk Sickness or "Trembles," in the neighborhood, and had patients with Bilious Remittent fever, on a farm adjoining, at the same time: one yielding to the influence of purgatives and local applications; the other to the use of quinine. Suppose I had reversed the treatment in both cases, both would have died! What produces Milk Sickness? I don't know; but I will illustrate what I do know presently. What produces Bilious Remittent fever? Dr. L. does not know. If the Doctor owned a farm, and had a portion of it in a state of cultivation, and had a portion of it in a wild, uncultivated state, and had his cattle grazing on the cultivated, enclosed part of it and feeding upon its products, and by some means one portion of his stock should get over the fence and graze a few hours, and then he should turn them back into his nice pastures, and some of the refractory should happen to be his milch cows, and his family, after a few days, should begin to complain of weariness after trifling exertion or of loss of appetite, disinclination to think or act, and those who have taken most exercise to say they had pains in the calves of their legs, and weak, trembling sensations, and anon a burning sensation at the pit of the stomach, and then nausea and vomiting, and tell him they had not had an evacuation from their bowels for from three to six days; and then, these symptoms growing gradually and steadily worse they go to bed, and he finds a quick, weak pulse, with cool skin, shrunken features, intense burning throat, dry, cracked tongue, skin retaining its natural color, and that portion covering the hands shriveled and corrugated, although no perspiration is or has been present; tenderness of the epigastric region, with some few more symptoms that it would be needless to enumerate; and all these symptoms PERSISTENT and increasing in intensity every hour—no REMISSION—no intermission—no *bilious* about it! It is a thing *sui gen-*

eris; but from all of which they may recover, as we have only led them to the second stage of the disease, which is sufficient for our purpose. Now let him turn his attention to his stock. He finds them, after taking any exercise, trembling, and instead of their usual playful, active condition and mingling together, they are lying down some distance from each other, trembling and panting, and many will die; but some, or even all, MAY recover, unless they have been a long time without the enclosure: then the chances are against them. After such facts as these present themselves to the mind, would it not be reasonable to infer that the cattle had partaken of some specific poison, and that, in the milk or butter the family had imbibed the same poison. All this, and much more, I have seen, and much more of the same import.

Besides the symptoms already enumerated there is a peculiar odor that is perceptible as soon as the room of a patient is entered: the same odor is present when the cattle are affected with the disease. When the hides of the cattle are taken to the tanner's, the man who receives them perceives the odor, and will say, "The animal this was taken from died of trembles." This odor is not present in any other disease, in any stage of it, and there is no stage of this disease when it is not present.

The disease called Milk Sickness, (and I confess I do not know a better name for it), has generally been treated without the use of anti-periodics, tonics, or sedatives, and successfully so; and the early stages of it with very simple remedies, such as mild laxatives. Can a case (mild case) of bilious remmittent fever be cured by such a course? When the symptoms of bilious fever appeared, in the first case related by the writer, (Mr. Bennett's case), it seems he had been sick several days, and was then having chills lasting an hour, and every ten hours they were recurring. My understanding is, that in bilious fever there is rarely more than the initiatory chill—no recurring of it every ten hours. In the morning the symptoms are mitigated; in the evening aggra-

vated. Such is my understanding of bilious remittent fever. We all know that the anatomical lesions in bilious fever are not always the same, that they are dependent upon local determinations, and, as a consequence there is no such thing as death resulting from idiopathic bilious remittent fever. In Milk Sickness, post mortems reveal the same lesions, in both man and beast. The stomach and upper bowels give unmistakable evidences of the result of inflammation. I have made two post mortems on human subjects and a number on horses and cattle, and thought, until I commenced writing this article, that I had the notes and could lay my hand upon them and publish them with it, but, up to this time, have not been able to find them. I had intended, also, to repeat some cases from my memorandum book, but they are too lengthy.

The writer of the paper referred to, says, at the close of his article: "It is confidently asserted that the cow that gives the milk will not suffer, but that the calf will die from sucking the milk, and that any animal giving milk will be exempt from the disease," and then refers to one of his cases, (a lady who was nursing her child), and says, "she had the trembles, and her child throve finely all the time." It will be remembered that this was one of the cases he cured with large doses of quinine and calomel. It is by no means surprising that such a result should take place. If the mother was nursing a child the probabilities are she would not take Milk Sickness; if she had Milk Sickness the probabilities are she would not have been cured by quinine.

Writers upon the subject of Milk Sickness do not speak of chills, and all of Dr. L.'s patients had chills: then it follows that this is a new symptom in the disease or the Doctor was mistaken in his diagnosis.

It is true that cows that are regularly milked enjoy immunities from the disease that cows running in the same range do not; and it is just as true that the calves may, and do die, of the disease, and the cows that supply them with milk

never show any symptoms of it. There is ample testimony upon this subject; sufficient to satisfy the cravings of the most exacting.

I have not attended to the treatment or the symptoms, as laid down by the writer, inasmuch as they are no way connected with the object I had in view.

I hope Dr. L. will properly appreciate the motive that prompted the reply to his paper. I am glad to see western men turn their attention to medical journals, especially western journals. Respectfully,

W. M. CHAMBERS, M. D.

CINCINNATI, May 15th, 1855.

Prof. WOOD, *Ed. Western Lancet:*

Dear Sir,—Enclosed is a brief account of a mode of treating Dysentery, which has the recommendation of a physician of great respectability and experience, the Rev. Dr. Dorsey, who has been a practitioner for about twenty-five years. The success of the practice will commend it to physicians; I think it worth a place in the periodical literature of the day.

I am yours, truly, GEO. MENDENHALL.

CINCINNATI, O., May 3, 1855.

Prof. MENDENHALL:

Dear Sir,—The following is the recipe for Dysentery, which I promised you, during your visits in my recent illness:

Take of saturated Solution Sulph. Magnesia, *seven fluid ounces;* Aromatic Sulphuric Acid, *one fluid ounce*—mix.

The saturated solution is prepard by dissolving Epsom Salts in an equal quantity of water, by weight, at 60 deg. Fahrenheit. It will be ready for use in eight or ten hours. During that time it should be shaken occasionally.

The medium dose of this medicine for an adult, is one table spoonful, diluted with two or three ounces of water, every four to six hours, until it gently moves the bowels. It should be

given regularly, and perseveringly, until the bowels are manifestly under its influence, which will be evinced by feculent discharges, abatement of tenesmus, and general feeling of relief. The size of the dose and times of repeating it must be varied by the practioner's judgment, according to many circumstances of age, violence and stage of disease, &c. Sometimes it will require two table spoonsful of the medicine, every three or four hours; at others a tea spoonful every six or eight hours will be sufficient.

Accompanying each dose, when the pain and tenesmus are great, one sixth of a grain of Sulph. Morph. may be given. But this remedy, also, must be varied, both in quantity and frequency of repetition, according to circumstances.

Those who have not employed this medicine as a curative agent, may object to the use of so large a quantity af Sulphuric Acid, in a disease attended with so much inflammation as acute Dysentery. Such was my objection, when it was first recommended to me by a very intelligent physician, Dr. F. Lemoyne, of Washington, Pa. The Dr. answered my reasoning by remarking, that an ounce of experience is worth a pound of theory;—that he used the remedy constantly, and cured his patients. After insisting for two days, that I should try it, in a severe dysentery of which I was then suffering, he prevailed; and in two or three days more the case was cured.

In some cases, accompanied with fever of a bilious type, it has not appeared to produce its curative effect so soon as in other cases. Still, it has ultimately cured. In those cases attended with a typhoid type of fever, it seems to be peculiarly beneficial. Indeed, I see no reason why it should not be as successful, in such cases, as Dr. Home's celebrated preparation of Nitric Acid.

More than twenty years' experience in the use of this agent, has convinced me, that there is not a more reliable one in the Materia Medica. In a practice, not very limited, in the cities of Wheeling, Va., and Steubenville, O., in the lat-

ter of which Dysentery prevailed as an epidemic, twice or thrice, during my residence there, I had the high gratification of seeing all recover who were treated with this remedy from the commencement of the attack, except an elderly lady, who had Chronic Dysentery for twelve years, and who did not take the medicine as prescribed.

Hoping that you will be abundantly successful in its employment, I am, very truly, yours, &c.

D. B. DORSEY.

Proceedings of Societies.

American Medical Association.

FIRST DAY.—This Association commenced its Eighth Annual Session yesterday morning, at the Musical Fund Hall. The spacious saloon was divided into two parts by a railing; one apartment being exclusively appropriated to the delegates, and the other part to spectators; the reporters of the press being amply provided for.

We observed in the reception room in the basement story, a block of marble, designed for the Washington National Monument. The block is finished in a chaste and beautiful style, and bears the following inscription:—

"AMERICAN MEDICAL ASSOCIATION."
INSTITUTED MDCCCXLVII.
VINCIT AMOR PATRIÆ.

On the face of the stone, cut in alto-relievo, is a well executed representation of Hypocrates, the father of Medicine, refusing a bribe tendered him by Artaxerxes, King of Persia. There are no less than eleven figures in the group. The stone is four feet long, two feet thick, and one foot eight inches high, and the workmanship a handsome specimen of American sculpture. The work was performed by J. A. Beck, a young man, who has since proceeded to Rome, to cultivate his talent as a sculptor.

At half-past eleven o'clock, the Association was called to order by the President, Dr. Charles A. Pope, of St. Louis, who, on taking the Chair, invited the Ex-Presidents and Ex-Vice Presidents of the Association to take seats on the platform.

Dr. Francis West, of Philadelphia, and Dr. E. S. Lemoine, of St. Louis, officiated as Secretaries.

Dr. Isaac Hays, from the Committee of Arrangements, stated that on behalf of the Medical profession of Philadelphia, he gave a warm and cordial reception to the delegates assembled. The Committee have done their best to make the delegates as comfortable as possible, during their sojourn in this city. To do so, is not only a gratification, but a duty. Eight years have elapsed since the organization of this Association, and we well know, that our delegates have been received in different parts of our country during that period of time, with generous hospitality. We beg leave to assure the delegates in attendance, that it is our most earnest desire to do everything in our power to return the compliment to the assembled wisdom of the Medical profession.

On motion of Dr. Hays, the roll was called by Dr. F. West.

On motion, the President of the Association was invited to deliver an address. He spoke as follows:—

Gentlemen:—With feelings of grateful pleasure, I meet you, and greet you, on this occasion.

For high and useful purposes have we assembled from the wide extent of our beloved country. The elevation of a noble profession—the promotion of science—the good of humanity—these have been, are, and will continue to be, the objects of our Association. Whether we have, thus far, done much or little, our sole aim has been the advancement of the best interests of our fellow-men. I shall not assert that we have done as much as we might have done, or that the course hitherto pursued by us, is so perfect, as to admit of no improvement. Were such the fact, and were the Association a firmly established institution, I might have experienced more hesitation in the selection of a theme for the present occasion. And since we cannot, as yet, I think, urge such a claim, the few suggestions which I shall offer, are made with becoming diffidence, but at the same time with a deep sense of their importance to the welfare and perpetuity of our Association.

Some strictures on our proceedings, in Medical and other journals, have appeared within the last year, as well as in previous years. I shall not here blame the authors of them. They are, doubtless, as proud of our noble profession as we, and equally with us, anxious for the advancement of its interest and its honor. I thank them for their suggestions. All of us are ready to hear them and to profit by them. If any more actual mode of arriving at truth can be devised, than that which we have heretofore pursued, all of us are ready to follow it, and would rather thank than quarrel with those who may propose it.

Physicians have an almost superhuman mission to fulfil. The goal of their ambition, and their hopes, and their duty, stands at the *ultima thule* of human capacity—nay, rather beyond it. It cannot indeed, be said that their duties are beyond their powers, but their

ambitions, their hopes, their wishes, certainly are. They would gladly know, not only all the secrets of organization, but those also of Physiology, Pathology and Therapeutics. To arrive at such knowledge is, perhaps, beyond the attainment of the human mind. Multiform are the elements which enter into the problem of health and disease. Health, is, itself, a constant change of composition—diseases are ever-varying changes, supervening on this.

Do we not know, with all our advancement, and after all the toil of our predecessors for two thousand years, the exact changes in which any disease, the fevers for instance, consists. And even when we shall have learned these, so as to understand them as well as the most ordinary chemical changes; the ever varying character of most diseases, and the inward disturbing influences upon them, of the mental and moral emotions, would require to follow them, a continued stretch and power of intellect, of which it is doubtful if man be capable. This exactness of knowledge is not, I grant, necessary to the very successful practice of medicine. Our profession can render great and important services to man without it, but with it, it would be still more serviceable. To it our ambition tends. To this perfect knowledge we aspire. Although we may never reach, we can yet eternally approach it. In the vast region of our researches, there is no probability that human genius will ever, Alexander like, weep for the want of unconquered provinces. Beyond the conquests of the future heroes of the profession, there will always be a boundless field for the ambitious and philanthropic explorer. In the language of a Western student, "the science of Medicine, like the liver of Prometheus, is sufficient to glut the eagles of all time."

The object of this Association is to do something to advance the profession towards the far-distant goal of perfection—to aid the solution of some of the problems and enigmas of life and organization, to add some material to the growing temple, whose fonndations were so firmly laid by the Coan sage—and to do its part, as best it may, in the cause of humanity. Nor do I think, that so far, it has altogether failed. Many valuable contributions to science have been elicited—professional ambition has been stimulated—and *esprit-de-corps* has been successfully evoked and established. The strength of the profession has acquired additional power by the union of its members. This Association has been to physicians, what the railroad and electric wires are to commerce, and the interchange of useful knowledge to states and nations. It has made us one, and, as I have just remarked, in unity there is power. This Association has stimulated thought. Chaotic and void would forever remain the masses of facts, accumulated by the observations of ages, but for the co-ordinating and logical power of reason. It sits in judgment on the silent phenomena, as a "refiner's fire, and a purifier of silver." It forces the voiceless facts to mount the tripod of the oracle, and

speak forth words of wisdom. The scalpel, the crucible, the microscope, may be subsidiary to its purposes and ends, but they cannot supply its place. Fixed and patient thought, in medicine, as in the other departments of science, is the Aladdin's lamp that lights the footsteps of the discoverer. To stimulate attention and thought, is to accelerate many a new discovery—to hasten the advent and establishment of important principles yet in the womb of the future. May not our Association do this more effectually than it has hitherto done?

Let all the contributions be read and attentively considered. Such a course would certainly be more encouraging, as well as more respectful, to their authors. Let the reports be deliberately and fully discussed, and let them go forth to the world with the sanction or the criticisms of the Association. This would require time, it is true, but if we have time to meet at all, surely a few days would make but little difference. The good that would be effected would yield a ten-fold compensation for the time employed. Every one must admit that three or four days is too short a time for the Association rightly to fulfil its annual mission.

I would, moreover, respectfully suggest that time be taken for the discussion of some of the leading topics of medical philosophy. Amongst these, may be mentioned the nature, causes and treatment of cholera, yellow fever, *et cetera*—Hygiene, and the laws of health affecting masses of men—Quarantine—the causes of mortality among children—the chemical and vital doctrines of life. Questions like these, indicated a year in advance for discussion, would excite a carefulness of investigation, and a degree of attention and thought which could not fail to clear away much of the darkness and doubt in which they are yet shrouded. Nothing so sharpens the intellectual powers as public debate. It fixes attention, and strains to the utmost every faculty. I have no hesitation in saying that facts enough have been accumulated to establish great and general principles, of which the medical world is yet in ignorance or doubt. Nothing would contribute more to demonstrate these principles than the collision of natural intellects in public debate. What a mass of facts, and argument, and demonstration would be brought to bear on any of the subjects alluded to, if some of the best minds in the profession were to debate them, after a year's preparation! Observed facts are the crude materials of science—the intellect is the master builder of its august temple.

I make these suggestions for your consideration. All the scientific meetings in this country and in Europe, employ more time than ours has hitherto employed. Evidently we must protract our sessions, if we would render them serviceable to science as they may be. No member of the Association will be required to remain longer than suits his wishes or convenience. Some fifty or sixty, more or less,

would always be found to listen with eagearness to scientific papers, and engage with pleasure in scientific discussion.

The time has probably arrived for a change in our plan of organization, which will admit of the selection of a permanent place for the future meetings of the Association. There are evident advantages incident to both the migratory and stationary plans. These might, perhaps, be easily reconciled and secured. A proposition, if I mistake not, was made some years ago, by the Smithsonian Institution, and I would respectfully suggest, whether it would not be in accordance with the best interests of the Association, to hold biennial meetings in Washington, and the alternate one, as now, at different points of our common country. We might thus secure all the advantages of a fixed abode, in the way of preserving the archives, making collections, etc., whilst by meeting in various localities, we could not fail to excite that wide-spread interest among the profession, and obtain such accessions of new members as would greatly enhance the high and useful objects of our Association.—Should this proposal meet with your approbation, I would further intimate that policy would perhaps require the meetings of the Association at the National Capital, to be held in the years of the short sessions of Congress.

I shall say but little of the legislative duties of the Association. I shall say nothing of the propriety or impropriety of getting laws passed to regulate the practice of Medicine, and furnish standards for candidates for the Doctorate. Perhaps the Association can do but little in this respect. Ours is a popular government, and the people are disposed to allow the largest freedom in everything pertaining to Medicine, Medical Schools, and Physicians. Laws passed against quackery one year, are revoked the next. Our country is the paradise of quacks. All good things have their attendant evils, and this unbridled liberty is one of the evils of a popular government. May we not hope, however, that even this evil may disappear, as general education and the cultivation of the masses advance? At any rate the people are not yet disposed to put down the quacks, nor to require too high a degree of qualification for those of the regular profession. After all, laws can make only mediocre physicans. They can require the candidates to know only so much—to be qualified to a certain degree; and this degree will always be far lower than that to which the true lovers of knowledge would attain, without any legislation on the subject. The greater lights of the profession cannot be manufactured after any process of legislative enactment. Thirst of knowledge, self-love, philanthropy, burning ambition—these make the great physician and surgeon. These have made all the worthies of the past—not legislation. Legislation cannot drive the drone to the proud heights of professional eminence. When these heights are reached, it will be

seen that the successful aspirant has been stimulated by a stronger power.

To him, the laurel blossoms of renown and the life giving mission of his art are dearer and more attractive than was the mystic bough of the sybil to the eager Æneasor; than the golden apples, guarded by sleepless dragons, to the Hesperian daughters.

Whatever course you may think proper to pursue, I am sure that your objects will be the advancement of science—the good of mankind—the honor and glory of the profession. We have the dignity and character of a noble calling to sustain—of a profession which has numbered, for two thousand years and more, some of the wisest and best men in all countries and all times. It is no trivial matter to sustain the rank and respectability of a vocation which can boast of a Hippocrates, a Harvey, a Hunter, of the most erudite and beneficent of sages and philanthropists the world ever saw—of a profession which has furnished to every nation its *clarem et venerabile nomen.*

On the eve of the battle of the pyramids, Napoleon exclaimed, Soldiers! from the height of yon monuments, forty centuries look down upon you. Gentlemen, from the heights of past ages, countless worthies of our God-like profession point and beckon to a goal more elevated than that which attracts legislators and conquerors, Solons and Cæsars.

On motion of Dr. J. B. Biddle, a vote of thanks was passed for the able and eloquent address of the President.

Dr. Hays, from the Committee of Arrangements, recommended that the time be fixed for the Sessions of the Association, from 9 o'clock, A. M. to 3 P. M., with one hour recess. The report was adopted.

Dr. Hays also reported that the delegates are invited to visit the Pennsylvania Hospital for the Insane, and that omnibusses would be in readiness at a quarter past 3 o'clock, precisely, in front of the Musical Fund Hall, the Girard House, and La Pierre House.

On motion, a recess of five minutes was taken, for the purpose of nominating a Committee on Permanent Organization.

At this period the scene became quite animated, the delegates from the several States assembling in different parts of the room, to make their respective nominations.

VISITATIONS.

At noon of this day, the delegates will visit Independence Hall, where they will be received by the Hon. R. T. Conrad. At 4 o'clock this afternoon, they will visit Fairmount and the Girard College. To-morrow afternoon, the Philadelphia Hospital at Blockley.

Friday, the Asylum for the Blind.

During the session the delegates will also visit the University of

Pennsylvania, and other medical institutions, notable places, &c.

Dr. Francis Condie moved that all permanent members who did not pay their annual dues of membership in the proper time, in consequence of a want of notification, but who have since paid, be readmitted as permanent members of the association.

After a brief discussion, Dr. Watson moved an amendment, that no permanent member of this association can be deprived of his privileges on account of failing to contribute any funds at any meeting at which he is not in attendance.

Dr. White moved to refer the whole subject to a committee of three, to report, &c. Adopted.

The President appointed Dr. White of Buffalo, Dr. Watson of of New York, and Dr. D. F. Condie of Philadelphia.

The delegates from the several States reported the following names as the committee on nominations:

Maine, A. J. Fuller; New Hampshire, Silas Cummings; Vermont, Israel Hinckley; Massachusetts, C. P. Fiske; Rhode Island, John Mauran; Connecticut, P. A. Jewett; New York, John McCall; Pennsylvania, J. B. Biddle; New Jersey, Lewis Condict; Delaware, James W. Thompson; Maryland, Charles Macgill; District of Columbia, Thomas Miller; Virginia, B. R. Willford; North Carolina, O. F. Manson; South Carolina, P. C. Gaillard; Georgia, Richard D. Arnold; Alabama, P. H. Cabell; Tennessee, J. Berrien Lindsley; Kentucky, C. J. Blackburne; Ohio, R. Hills; Indiana, Joel Pennington; Illinois, J. V. Z. Blaney; Michigan, A. B. Palmer; Mississippi, L. P. Perry; Iowa, J. E. Sanburne; Wisconsin, J. B. Dousman.

Dr. Stewart, of New York, offered a resolution providing that the Nominating Committee be instructed to present the names of three members for the office of President, to be elected by ballot, the lowest candidate to be dropped.

Dr. Arnold moved to amend by adding the words, providing that no one has a majority.

Dr. Stewart accepted the amendment.

After a brief discussion the subject was laid on the table.

A motion was now made that the Nomination Committee be requested to meet down stairs in the refreshment room. Adopted.

It was moved and adopted that the committee be instructed to recommend a place of meeting for the next Annual Convention.

Dr. Pitcher, of Detriot, presented a communication from the faculty of that place, asking that the next meeting of the Association be held there. Referred to Committee on Nominations.

Invitations to meet at Chicago and Nashville, and so much of the address of the President as relates to the place of the next meeting, were also referred to the Nomination Committee.

Dr. D. D. Thompson, of Kentucky, moved that the regular order

of business be suspended for the purpose of taking into consideration a proposed amendment to the constitution, offered at the last meeting. The motion was lost.

The Association now proceeded to consider the nominations of members by invitation, and a motion to refer the subject to the Committee of Arrangements prevailed.

The Chair announced the next business in order, the reading and consideration of the stated annual reports from the standing committees.

Invitations to visit the United States Mint, and the Academy of Natural Sciences, were read and accepted.

Dr. Rouse, of Illinois, moved that the thanks of the Association be tendered to the gentlemen who have extended the invitations to visit the several places above named. Adopted.

Dr. R. La Roche, from the Committee on Prize Essays, submitted the following report:

The Committee on Prize Essays and volunteer communications report:

That the essays received by them were six in number. These the Committee have submitted to a patient and careful examination, and with pleasure acknowledge the greater number are written with ability, and evince a commendable degree of familiarity with the subject under consideration. But, while freely admitting thus much, and expressing the opinion, that the essays in question, if placed in a printed form before the public, would do great credit to their respective authors, the Committee have, after mature deliberation, concluded that only one among the number to which their attention was called, presented those qualities which, in their opinion, should entitle essays to the award of the prizes offered by the association.

The Committee have, in consequence, decided on awarding but one prize. The essay selected is entitled "Statistics of Placenta Previa." It is one of considerable merit. It evinces an unusual degree of industry in the collection, and an uncommon talent in the classification of facts, from which the author draws practical deductions of high value. The essay is accompanied with extensive tables of cases which insure its completeness, and enhance, in no small degree, its usefulness.

The essay bears the following motto, "Homines Mullare proprius ad Deos accedunt quam hominibus salutem dando."

The name of the author was now announced to by James T. Trask, M.D., White Plains, Westchester county of New York. The announcement was received with applause.

Dr. Demoine, of St. Louis, from the Special Committee on the Epidemics of Missouri, Illinois, Iowa and Wisconsin, read an abstract of a report which was ordered to be printed.

Mr. White, of New York, from the Committee to which was referred the subject of re-admitting members who have not paid the

annual assessment in proper time, reported the following resolutions:

Resolved, That upon no permanent member, who is not present at a meeting of the Association, shall be assessed the annual contribution, but no one shall be entitled to receive a copy of the printed transactions, unless he pay into the treasury a sum not less than the annual assessment paid by the delegates and permanent members in attendance, and that all the names of permanent members in attendance, and that all the names of permanent members that have been left off the published list, be inserted in the next volume of transactions.

Resolved, That no assessment whatever be made against members by invitation; but that they, also, be entitled to a copy of the printed transactions, by paying the sum assessed upon delegates in attendance.

Dr. Sanford B. Hunt, of Buffalo, New York, from the Committee on Hygrometrical State of the Atmosphere in various localities, and its influence on Health, submitted a report pending the reading of which the hour of adjournment arrived. The Association resolved to meet at 9 o'clock to-morrow morning.

At four o'clock in the afternoon, the delegates, to the number of four hundred, were taken, in twenty-five coaches, to the Blockley Insane Hospital. At the entrance the guests were met by Dr. Kirkbride and several other citizens distinguished for their philanthropic zeal, and after passing through and carefully examining the many departments of this noble institution, they passed to the lawns and grounds surrounding the buildings, and various exclamations of gratification was heard on all sides. The visit afforded, to many of our guests, from sections of country widely remote, an opportunity seldom enjoyed of comparing notes in regard to their locations and other facts. The representation from all parts of the union is large.

In the evening they were entertained, at their residences, by Drs. H. L. Hodge, G. W. Norris and F. Bache.

Second Day.—The association re-assembled at 9 o'clock.

Dr. Frances Condie offered a resolution, which was adopted, providing that every facility should be afforded by the Secretaries to the Reporters of the press.

Dr. J. Atlee, of Lancaster, addressed the Convention on the subject of the stone made for the Washington National Monument, by J. A. Beck a skilful American artist. Dr. A. stated that a meeting of the Association held in Richmond, Va., it was ordered that a stone should be prepared for the monument. Dr. Pearson, of Salem, Mass., who advised that the representation of Hippocrates refusing presents, should be placed on the stone, but before he could consummate the plan the fearful accident happened at Norwalk which swept him from their midst. It is said that Hipocrates, upon being sent for by Artaxerses, King of Persia, to be court

Physician, returned as an answer, "tell your master I am rich enough; honor will not permit me to succor the enemies of Greece."

A reoslution was adopted that no member be allowed to speak, unless his name and residence be announced.

The Committee on Nominations reported the following nominations.—

President—George B. Wood, Penn.

Vice Presidents—William M. Boling, Ala., Daniel Tilden, Ohio; D. Humphry Storer, Mass., Grafton Tyler, D. C.

Secretaries—Francis West, Penn.; R. C. Foster, Tenn.

Treasurer—Casper Wister, Penn.

Committee on publication—Francis G. Smith, Penn.

The President elect, on taking the chair, said that he felt deeply sensible of the honor conferred upon him, and though he had all his life devoted himself to the cause in which we are all engaged, yet he is unacustomed to preside, and any errors which he may make, he hoped the Association would excuse. He assured the Convention that he would do his best to justify his appointment as presiding officer.

The committee further rported on the subject of the next place of meeting, and recommended Nashville. Tennessee.

A motion was made to substitute District of Columbia, in place of Nashville. Laid on the table.

Dr. A. B. Palmer, of Chicago, moved to substitute Detroit, Michigan, in place of Nashville.

A resolution was offered that the whole subject be referred to a special Committee of five, to be appointed by the Chair. Laid on the table.

The question was now taken, on the motion of Dr. Palmer, and it was adopted. Detroit, therefore, is the next place of meeting. The result was unanimously approved by rounds of applause.

Dr. R. C. Foster apponited Secretary, tendered his resignation, which was accepted.

Dr. Brodie, of Michigan, was appointed to fill the vacancy.

Dr. Sanford B. Hunt resumed the reading of his report on the Hygrometrical state of the Atmosphere, in various localities. Pending the reading of the account, a motion was made and adopted, "that the desultory conversation of members be dispensed with." The report abounds with interesting facts on the subject of epidemical diseases, during the summer of 1854.

It was accepted, and referred to the Committee on Publication.

A resoluton was adopted, providing that a committee be apponted to confer with the directors of the several railroad and steamboat companies, with the view of having commutation tickets issued to the delegates to the convention, to be held at Detroit, next year.

The next business in order was announced to be the report of Dr, Frank H. Hamilton, of Buffalo, New York, "On the frequency

of deformities in Fractures." This document abounds with references to cases of fractured limbs, and is replete with various suggestions. Dr. H. delivered a short address on the subject of the prosecution of Surgeons for malpractice. He could not really understand why the profession was so often subject to prosecutions, unless it be that too much is asked to be done. He had been informed this morning, that in a District not over forty miles from this City, that in a few years past not less than twelve prosecutions had been made against brothers in the profession. We do not hear of lawyers being subjected to suits for malpractice, and yet it is apparent to all, that there are those in that profession who certainly deserve to be prosecuted.

These are men of no money, without morals, ever hanging about the purlieus of the court houses, ready at a moment to urge prosecutions against our profession. He was informed by an eminent lawyer, a high minded honorable member of that profession, that he had never engaged in a prosecution against surgeons; he had ever looked upon such as *persecution*. In conclusion, he invoked the members to interrogate themselves as to the cause, and then apply the proper remedy. Why are we thus prosecuted? It is because there are those among us who profess to do more than can be done, is well known. We have heard members of the profession declare they could mend a fractured femor without shortning the limb; this in some cases, is simply an impossibility, and it is disgraceful to make such assertions, because it is not true, and it is calculated, to not only degrade, but subject us to these proscutions. He hoped that hereafter, brother members would not claim to do too much.

Dr. Chas. Hooker, of New Haven, read a report upon the "Diet for the Sick." The document lays down certain laws for the government of diet in the various diseases "flesh is heir to," and specifies articles that may be given to patients. Referred to the committee on publication.

A resolution expressing the thanks of the Association to the ex-President, and other officers' for the ability in which they have discharged their duties, was adopted,

A communication was accepted inviting the Association to visit the High Schools.

A resolution of thanks to railroad companies for commutation tickets to members of the several Medical Associations, was adopted.

At this period the Association adjourned to proceed to Independence Hall. On arriving at this place, the delegates were introduced to Mayor Conrad by Dr. Isaac Hays, Chairman of the Committee of Arrangements, as follows:

Speech of Dr. Hays.—I have the gratification of introducing to your Honor the Members of the American Medical Association—our national Medical Congress. This Association was organized, in our city, eight years ago, and has met annually since in one of the

principal cities of the Union alternately. It is composed of Delegates from the Medical Societies. Medical Colleges, Hospitals, and other Medical Institutions throughout the country. It was instituted with no selfish views—but to accomplish objects of the greatest importance to the public at large; to improve the healing art, and to increase its powers for alleviating human suffering. It strives to attain these ends by securing more complete and thorough courses of instruction to students, and by raising the standard of requirements of those admitted into the rank of the profession;—by investigating the causes of the diseases which prevail in certain localities, and by seeking the means by which these causes may be removed, or of counteracting their affects, by collecting reliable histories of the different epidemics which, from time to time, spread over our country, and by endeavoring to devise measures for arresting their progress; by offering prizes for the most useful discoveries and improvements in medicine,—and by promoting every measure tending to enlarge the boundaries of science—to increase the efficiency and augment the usefulness of our art.

In pursuance of these objects, the Association has assembled this year in our city, and we feel deeply grateful to you for your courtesy in inviting us to visit this place, so venerated by every American heart. (Applause.)

The philanthropy of our profession is not restricted to the cure of disease—it has a larger range; It embraces within its scope whatever tends to the improvement of our mental or moral condition, or even to confer the greatest good on the largest number. Hence the profession have never been indefferent to national objects;— on the contrary, they flatter themselves that they have not been behind any other class of the community in patriotism, but that they have been always prompt to serve their country, not only in their professoinal capacity, but also by their counsel in the Cabinet, and even by taking up arms for her defense in the field.—(Renewed applause.)

I need not remind your honor that the most illustrious physician of his day, in this country, the late Dr. Rush, was a member of the Congress of '76, and affixed his name to the Declaration of Independence. (Great applause.)

That Gen. Joseph Warren, one of the most eminent physicians of Boston, contributed by his eloquence to rouse his townsmen, to resist the oppressive acts of the mother country, and shed his life's blood on Bunker Hill in defense of liberty—or that his younger brother, Dr. John Warren, animated by the same spirit, volunteered as a private soldier, or other examples of a similar character.

But I may assure you that the spirit which animated our ancestors, if it appear dormant, is not extinct in our bosoms, and that while standing on this spot—the shrine sacred to Human Liberty, —we experience feeelings akin to those which the inspired Law Giver must have felt when he heard the voice calling to him out of the midst of the burning bush—"Put off thy shoes from off thy feet,

for the place whereon thou standest is holy ground." (Loud applause.)

Reply of Mayor Conrad.—Mr. Chairman of the Committee of Arrangements, I thank you, in the name of the community which I have the honor to represent, for your eloquent introduction of our friends to the authorities of the City, and to this, the Hall of Independence.

Gentlemen of the American Medical Association, I am proud of the privilege of extending to you, in the name of the goverment, and of the people, of Philadelphia, a most cordial welcome. (Applause.)

I bid you welcome to our City—a city which, deriving a cherished distinction from the profession which you adorn, is eager, now and ever, to requite it in her tribute of respect for its professors. I welcome you to our people, whose intercourse, for many a year, with you or your brethren, has inspired a feeling which, reserved as we are somtimes said to be, will, doubt not, burst into earnest and unambiguous expression, before you leave us. (Applause.)

I welcome you, gentlemen, to this Hall, but not as stangers, or the sons of strangers— for it is your own. As the temple and territory of Delphos, in the wildest domestic perturbations of Greece, afforded one sacred area over which the cloud of discord never gathered, one altar whose worship was never invaded, this spot, consecrated to our common American glory, knows no lines of latitude, and belongs, in truth, no more to us, whose peculiar privilege it is to inherit its guardianship, than to our brothers—*to you*. In coming hither, therefore, you *come home*. (Applause.) These precincts have been hallowed, for all time, by heroic virtues of your and our fathers. This is the foundation from the which the living waters of American liberty were first drawn, aud it is, therefore most sacred—(woe to the generation in which it ceases to be sacred!)—but, like the well of the Patriarch, all the tribes of Liberty's Israel own here an equal right, and own here an equal homage. (Great applause.)

In no sense, then, can I greet you as strangers, for yours are names familiar to every American proud of the science of his country, and those who are united, by this association, in a cause so lofty as that eloquently characterized by your chairman, may not only claim the universal and acknowledged privileges of the republic of minds, but the rights of a nearer and dearer charter, the brotherhood of beneficence—the kindred claims of noble hearts, knit in the highest and holiest of human aspirations. In this spirit, with the most fervent and fraternal sentiments of respect and regard, I greet and welcome you.

You are right, Mr. Chairman, in claiming, amid the associations which hallow these precincts, a peculiar privilege for your profession—a profession which not only sprinkled with the first blood of

the Revolution, the highest altar on which Valor vowed and dedicated our country to freedom—I refer, as you have referred, to Dr. Warren and Bunker Hill—but which, in every struggle for the enlargement and enlightenment of human destinies, has been eminently distinguished for courage, zeal and fidelity to the rights of man. You have, therefore, a peculiar right to claim kindred here, and have that claim allowed; within these walls which witnessed the zeal of Rush, it would be treason to virtue to forget that one of the lights of your profession shed glory upon the solemn debates of this hall, and was foremost among those who bade yonder bell, (preserved and devoted to the veneration of posterity,) with its iron tongue to "*proclaim liberty throughout all the land to all the inhabitants thereof.*" (Continued applause.)

It is the glorious peculiarity of your profession that, while Ambition, in its ordinary and most applauded paths, plays the part of the *Destroyer*, and wins glory at the expense of human life and happiness, you and yours, with a more exalted civilization and a nobler heroism, have ever *sought to save*. Next to the highest of all human courage—if, indeed, it be merely *human*—that of the martyrs of religious truth, the courage of the physician, whether on the battle field or in the lazar-house, the courage of science and humanity, is the most sublime, and best entitled to the *clarum et venerabile nomen*. The vulgar courage of the warrior, under the base stimilus of passion or the low greed of applause, can hardly be compared to the noble intrepidity of the surgeon, who gleans in the ruthless and red-handed reaper's path, the leavings of battle; and still less with the hero of the hospital, who encounters the grim antagonists in the horrid silence and gloom of the pestilence. Imagination can hardly embody an instance of human courage and virtue more sublime and unearthly than that of the physician, who in the midnight of a plague-stricken city, midst the fœtid solitudes of its alleys, and entering the devoted hovel of the wretched ministers—while only pestilence, and misery, and death, and God look on, to the perishing. I need not step from this spot to grasp the hand of many a hero who claims no laurel—many a noble philanthropist whose sacred labors in scenes like these, have been unmarked, save by the eye that never slumbers, and remembered only by Him, who alone can reward.

To such a profession, one venerable from its antiquity, noble from the grandeur of its objects, illustrious from its achievements, and which demands every aid and agency of genius and science, of head and heart that dignifies the race, it is not strange that, go where it may, a ready homage greets, and a ready blessing attends it. In our own city, all that is noble in patriotism, all that is exalted in science, all that is bright and beautiful in the arts that refine society, all that is lovely, and cherished, and holy in private life, combine to render the profession sacred and dear to us.

There are few living to whom some one death in the past is not the sole event and solitary memory of the survivor's life—to him a lonely pyramid in the melancholy desert; and to such a mind and memory, the debt of the death-bed, where science, rendered holy by its office, ministered, though never paid is never repudiated. I never knew a good man, still less a good woman, who had not such a debt—a debt which bankrupt gratitude cherished with its holiest affections and devoutest memories.

In these times, when the omnipotence of associated effort is invoked for so much that is of dubious merit, it is a gratifying spectacle to behold the enlightened professors of the most exalted of all arts—men sage and grave, unselfish and unaspiring, forsaking the homes to which they are bound by the affections and the afflictions of thousands, by wealth and fame and influence, to wander wearily away upon a pilgrimage of hundreds of leagues, in the cause and interests of the human family, its security, its health and happiness. For more than ten years, the representatives of your profession have gathered in Convention. What other body of our citizens have made a like effort—a like sacrifice? Selected from the most eminent of the profession, the delegates have been men whose years, like their virtues, were many. How difficult must have been to them the effort to burst through the bonds of a relying and clinging practice! How great the labor and how heavy the sacrifice! They have already visited, in this duty, the cities of every section of our wide country: how many have fallen by the wayside? How many martyrs could you not thus number in this cause? How many of the good and great of the profession have, in these benevolent pilgrimages, joined the ranks of thousands who have sacrificed themselves, at the requisitions of duty, as recognized and enforced by your self-imposed laws—joining the dead in the effort to aid the living. The epitaph of the Spartans at Thermopylæ might well commemmorate the virtues and the fate of these martyrs. But if the costs has been great, the results have been commensurate.

Of the professional advantages attained, though I know them to be invaluable, I will not presume to speak; but I may be permitted to state, as health is the most important subject of municipal provision and care, that the transactions of the association, which I have examined with great interest, comprise much that merits the attention, and will reward the respectful consideration of the municipal governments of the Union.

It is natural that Philadelphia should feel, as she does feel, a profound interest in the cause of Medical education in this country. She cannot, of course, forget that it was here the first medical college was established in this country; that its merits and success extorted a reluctant trans-atlantic tribute of admiration, and that progressing rapidly, but wisely, it achieved and maintained an

equality with the most celebrated institutions of the old world. As the cause of medical education has been expanded, and institutions worthy of the cause and country have sprung up, each triumph, thus attained, has been regarded here as the successful outbursting of an offshoot from the primary effort; and Philadelphia, while rejoicing in the expansion and elevation of medical education throughout the land, has almost fancied—so earnest is her interest in medical education—that she had a right to indulge a parental pride in all that advances that interest.

These genial feelings have been maintained, in all their early and fervid freshness, by constant intercourse with all sections of our country. The ingenuous and gallant youths that have come hither for medical instruction have, in their unstudied intercourse, exhibited the character of their respective States in a light so generous and exalted as to win our affections not only for themselves, but for the communities and States which could exult in them as their own. Winter after winter, we have had hundreds of these noble young spirits among us here. And let me remark, that rigorous as I am said to be in the administration of the law, I have yet to know the first occasion to rebuke, much less to punish, a medical student. We have found them as gentle and decorus in their deportment as they are exalted in their aspirations; and had Philadelphia—eminently catholic in her affection for her sister communities—needed a lesson of love and loyalty, these noble young missionaries would have taught it. This interchange of sympathies has endured for the third of a century, (may it last forever!) Her youths who formerly bore those sentiments to the remote sections of our republic, stand before me now as the revered sages and ornaments of their profession, meeting here the evidences of a reputation which had preceeded them, and has long been cherished by us. And who can tell what have been the results of this kindly interchange of kindly feeling? It has doubtless been felt in every commercial, social, and political relation of life, correcting the prejudices, harmonizing the discords, and subduing the dangers of our common country.

We realize these facts. We recognize in the members of an enlightened profession like yours, so many patriots and philanthropists engaged in the great and general interests of the human race, and, apart from the mere scientific acquisitions of your annual meetings, we perceive, in them, results auspicious to all that we cherish, all that is kindly, forbearing and conservative between man and man, party and party, state and state, section and section; and so regarding them, we hail and greet you with a welcome as sincere and cordial as the heart can forge or the tongue can utter. (Loud applause.)

On re-assembling at the Musical Fund Hall, it was resolved to visit the High School at 12 o'clock on Thursday.

On motion, the thanks of the association were tendered to Mayor Conrad, for the very cordial manner in which he had received the delegates in Independence Hall, and that a copy of his speech be printed in connexion with the proceedings of this association.

Dr. Thomson of Delaware offered the following:

Whereas, That as few subjects of greater interest and importance could be presented to the consideration of the American Medical Association now representing most of the States and Territories of the Union, than the attainment of a correct Medical Topography of each, with a history of its prevailing fevers and most successful treatment of the same, therefore be it resolved,

That with this view and conviction, this association appoint a special Committee for each State and Territory represented, of —— members, whose duty it shall be to report upon its medical topography, epidemic fevers and most successful treatment thereof, and that the same shall continue to hold their office for three years.

Resolved, That as other States and Territories not now represented, become so by delegates duly appointed to this National Association; that similar committees shall be appointed for like purpose, and that they also shall hold their office for three years.

Resolved, That in the appointment of gentlemen of education and experience in the affairs of their own State, we have the best guarantee that the important objects we seek will be more satisfactorily accomplished, and the profession as well as the public interest will thereby be better served.

Resolved, That the committee heretofore appointed by this Association, at its session in Charleston, for a similar object, be, and the same are hereby discharged.

The consideration of the above resolutions was made the order of the day for to-morrow morning.

Dr. Isaac Wood, the Treasurer, made a report, from which it appears that during the year the sum of $3216.30½ was received, of which there is a balance remaining amounting to $1115.26.

Dr. Francis Condie, from the Committee on Publication, made a report in reference to certain charges made against the Committee and Doctor Meigs, which gave rise to considerable discussion.

Dr. Stewart offered a resolution, expressing thanks for the manner in which the Committee on Publication had performed their arduous labors. Pending the discussion, the resolution and the report were both withdrawn.

Dr. Watson offered a resolution appropriating the sum of $1000 to defray the expenses of the committee appointed to have prepared the stone for the National Monument. Adopted.

Dr. Mauran called up a preamble and resolution expressive of thanks to those United States Senators who so ably and earnestly advocated the passage of the bill relative to sickness on shipboard, as suggested by this Association.

A delegate, whose name was not announced, opposed the resolution because he considered that the Senators had only done their duty, and therefore were not entitled to thanks.

Dr. Mauran briefly advocated its passage, stating that under the circumstances, he thought those Senators who reported and sustained the bill, carried out the views expressed by this resolution, and were certainly entitled to thanks.

The resolution was adopted, and copies ordered to be forwarded to the Senators.

Dr. Francis West, Secretary, read a paper from Dr. Wm. H. Byford, of Evansville, Ind., on the "Pathology and Treatment of Scrofula," which, on motion, was referred to the Committee on Publication.

Dr. N. S. Davis, of Chicago, Ill., submitted a report on the Nutritive qualities of Milk, and the influence produced thereon by Pregnancy and Menstruations, in the human female and by pregnancy in the cow; and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supercede the present defective and often unwholesome modes of supply.

The report was referred to the Committee on Publication.

The hour of adjournment now arrived.

At 4 o'clock yesterday afternoon, the delegates, accompanied by many ladies, visited Girard College, where they were ushered into the Directors' Room, When Dr. Emerson, of this city, introduced the guests to President Allen, who extended a cordial welcome to the members of the Association, and rejoiced to have the pleasure of meeting so many members of the noble profession of medicine which the meeting afforded. Not anticipating being called upon for a speech, he could only say that it afforded him much pleasure to see them at the College, one of the noblest charities the world has ever seen. In conclusion, he would invite an inspection of the buildings, which would be thrown open to their view.

The visitors then, under the direction of Henry W. Arey, Esq., Dr. Kirkbride, and Morton McMichael, Esq., proceeded to visit the class rooms, where the pupils attested by their happy looks their pleasant condition. The whole body, some four hundred in number, then repaired to the roof. After a visit to the side buildings, the party proceeded to Fairmount, and after a ramble around the grounds they returned to their respective hotels.

In the evening they were entertained at the mansions of Drs. George B. Wood, Alfred Stille, and Rodman Paul.

Third Day.—The Association met at nine o'clock, pursuant to adjournment. Dr. Wood in the chair. The minutes of the proceedings of the last meeting having been read by Dr. Francis West, Secretary, the President stated that there was no rule or mode for

the appointing of the Committee on Prize Essays, and suggested that the subject be referred to the Nominating Committee. A motion to this effect was agreed to.

A letter was read, from Dr. Rayburn, of Missouri, suggesting that the large district in Missouri, be divided into two parts. The district is seven hundred miles north and south, and four hundred miles east and west. The dutics, in so large a district as this, cannot be easily fulfilled by one chairman. By dividing the district, the reports will be more satisfactory than at the present time. The Doctor tendered his resignation.

Dr. Watson moved that the letter be referred to the Nominating Committee, and the resignation of Dr. Rayburn be accepted.

The President ruled that part of the motion relating to the reference out of order, as it conflicts with the resolutions made the order of the day at ten o'clock.

The resignation of Dr. Rayburn was accepted.

Dr. Isaac Hays, from the Committee of Arrangement, stated that he was not ready to make a report at the present time, of the full list, but would do so at a later hour in the day. He announced that five hundred and ten delegates were now enrolled, and the duties of the committee have become more arduous. The Doctor read invitations to visit St. Stephen's Church, to look at the Byrd monument. Accepted.

Thanks were tendered to the Rev. Dr. Ducachet for his kindness in extending an invitation.

The Association now proceeded to the consideration of the reports of the various committees.

Dr. E. L. Haskins, of Clarksville, Tennessee, to whom was referred the subject of "Microscopic investigations of Malignant Tumors," reported that he was unable to submit a report, in consequence of not having had the necessary instruments. He was excused.

The Committee on Nominations reported the following committees for the present year.

On Prize Essays.—Drs. A. B. Palmer, of Michigan; Samuel Denton, do.; A. R. Ferry, do.; Abram. Sager, do.; J. H. Douglass, do.; Corydon La Ford, do., E. Andrews, do.

On Arrangements.—Drs. Zeno Pitcher, Detroit; Moses Gunn, do.; G. B. Russell, do.; N. S. Leland, do.; M. Stewart, do.; P. Klein, do.; J. A. Brown, do.

On Medical Literature.—Drs. P. C. Guillard, S. Carolina; N. P. Monroe, Me.; James Coffin, Del.; R. Hills, O.; A. Cooper, S. Carolina.

On Plans of Organization for State and County Societies.—Drs. A. B. Palmer of Michigan; N. B. Ives, of Connecticut; E. B. Haskins, of Tennessee; Chas. Woodward, Ohio; Josiah Crosby, New Hampshire.

On Medical Education.—Drs. J. Berrien Lindsley, of Tennessee; J. B. Flint, of Kentucky; P. H. Cabell, of Ala.; Geo. Hayward, Mass.; E. B. Smith, Missouri.

The report of the committee was unanimously accepted.

Dr. Frank H. Hamilton, of Buffalo, New York, made an additional report on fractured clavicles. It was listened to with marked attention. At the conclusion of reading the report the Doctor expressed an earnest hope that the managers of the Pennsylvania Hospital would be more exact in making up their reports of the statistics of fractured clavicles, so that we may all be able to judge of the merit of the instrument which has been used, in such cases, in that institution for thirty years. He had known a surgeon to be mulcted into heavy damages for using that instrument in a case of fractured clavicle, because he could not accomplish all he supposed he could by using it. He did not wish to speak harshly; but, at the same time he called again upon the managers of that Institution to be more exact in their statistics on the subject of fractured clavicles, so that the medical faculty may be prevented from being a grand insurance company for the whole world.

The following resolutions being the order of the day were read and considered:—

Whereas, That as few subjects of greater interest and importance could be presented to the consideration of the American Medical Association now representing most of the States and Territories of the Union, than the attainment of a correct Medical Topography of each, with a history of its prevailing fevers and most successful treatment of the same, therefore, be it

Resolved, That with this view and conviction, this Association appoint a special Committee for each State and Territory represented, of —— members, whose duty it shall be to report upon its medical topography, epidemic fevers, and most successful treatment thereof, and that the same shall continue to hold their office for three years.

Resolved, That as other States and Territories, not now represented, become so, by delegates duly appointed to this National Association, that similar committees shall be appointed for like purpose, and that they shall hold their office for three years.

Resolved, That in the appointment of gentlemen of education and experience in the affairs of their own State, we have the best guarantee that the important objects we seek will be more satisfactorily accomplished, and the profession as well as the public interest will thereby be better served.

Resolved, That the committees heretofore appointed by this Association, at its session in Charleston, for a similar object, be, and the same are hereby discharged.

On motion of Dr. J. L. Atlee, the Hon. Ellis Lewis, Chief Justice of Pennsylvania, (being in the room), was unanimously invited to a seat on the platform.

Dr. Askew offered the following as an additional resolution:

Resolved, That all reports on the medical topography and prevailing diseases of States, shall, to entitle them to be received by this Association and be published in the proceedings, be first approved by the Medical Societies of the State or Territory where such societies exist, and to which State or Territory such reports refers.

Dr. J. G. Orton, of New York, offered the following additional resolutions: —

Resolved, That each county medical society, or in parts of the country where such have not been established in any duly organized medical association, be invited to amend their Constitution by attaching thereto the following article: —

"It shall be the duty of each member of this society to keep a faithful record of the diseases which may fall under his observation during each month, according to the classification. adopted by this Convention, in May, 1847, stating the age and sex, occupation and nativity of the patient, the average duration of the disease, and finally their recovery or death, and to report the same, in writing, to the Secretary, on or before the 1st of February of each year, who shall transmit a digest thereof to the State Medical Society, and also the appropriate committee appointed by the American Medical Association for its reception."

Resolved, That each incorporated hospital, infirmary and asylum be invited to furnish a copy of their annual reports, for the use of the committees of their respective State.

Resolved, That the State Committee, appointed by this Association, to report on the prevailing diseases of their respective locality, shall receive and arrange a digest of the reports transmitted to them by the Secretaries of the various county societies, and to report the same at the annual meeting of this Association.

Resolved, That the 1st day of January be the time fixed at which the object of these resolutions shall be carried into effect, and that the several County Societies and Associations be requested to amend their Constitution, as heretofore recommended, at as early a date as practicable, and to report to the State Committee their willingness or unwillingness to acquiesce in the request of this Association.

A motion was made that the whole subject be referred to the Nominating Committee.

The previous question was called, and being sustained, the motion to refer prevailed unanimously.

Dr. Thompson, of Delaware, expressed a hope that the Committee would go into immediate session, so that a report might be made as soon as possible.

Letters from Drs. Sutton and Benner, on the subject of epidemics, were referred to the Committee on Nominations.

Dr. D. Francis Condie, to whom was referred the subject of tubercular disease, stated that he had been engaged for a period of

three years in examining and arranging a report on this subject. The report will occupy at least five hundred pages; and one reason which caused it to swell to so great an extent, is, that he found it necessary to contradict a large number of statements and reports on the subject. He hoped that the Association would excuse him in not being quite ready with the report. He had prepared a digest of its contents, which in fact is merely an index to the whole, and would not of itself repay for the time used in reading it. He expressed a desire that the Assocciation would excuse him.

A motion was made that Dr. Condie do just as he please, without any obligation he may consider himself under to the association. The motion was agreed to.

The Committee on Diseases of the Throat, were continued for another year.

The Committee on the subject of Dysentery submitted a report, which was referred to the Committee for publication.

A brief report from the Committee on Hydrophobia, was read and referred to the Committee for publication.

Dr. Hays stated that the whole number of enrolled members amounted to five hundred and twenty. The hour of recess having arrived, the Association separated.

Afternoon Session.—The Association re-assembled at 1 o'clock.

Dr. Muzzy, of Ohio, read an interesting report on the use of alcohol, which, on motion of Dr. Condie, was referred to the Committee on Publication.

An invitation was received from the Principal of the Pennsylvania Institution for the training of feeble minded children.

The Nominating Committee, to whom was referred the resolutions providing for the appointing of a Committee on Medical Topography, referred the same back without material amendment, and recommend the following named as the Committee:

Maine—J. C. Weston, of Bangor; New Hampshire—Edmund R. Peaslee, Dartmouth College; Vermont—Joseph Perkins, of Castleton; Rhode Island—Joseph Mauran, Providence; Connecticut—Charles Hooker, New Haven; Massachusetts—George C. Shattuck, Boston; New York—Joseph M. Smith; New Jersey—Lyndon A. Smith, Newark; Pennsylvania—Jacob M. Gemmill, Huntingdon County; Delaware—James W. Thompson, Wilmington; Maryland—Peregrine Wroth, Chestertown; Georgia—John F. Posey, Savannah; Virginia—P. F. Peebles, Petersburg; District of Columbia—Thomas Miller, Washington; South Carolina—D. J. Cain, Charleston; North Carolina—O. F. Manson, ——; Kentucky—Wm. L. Sutton, Georgetown; Tennessee—E. B. Haskins, Clarksville; Louisiana—E. J. Fenner, New Orleans; Minnesota—J. H. Murphy, St. Anthony Falls; Ohio—G. Mendenhall, Cincinnati; Mississippi—T. J. Grafton, Rodney; Missouri—S. B. Alleyne; Michigan—J. H. Beech, Cold Water; Alabama—S. W. Clanton, Warsaw; Illinois—

John Evans, Chicago; Indiana—Vierling Kersey, Milton, Wayne Co.; Wisconsin—Alfred L. Castleman, Delafield; Iowa—E. A. Arnold, Davenport; U. S. Navy—Thomas Dillard, Philadelphia; U. S. Army—Clement A. Findley.

Dr. Thompson, who offered the original resolution, begged as a personal favor, to be excused, and that the subject be referred to the delegates from his State. The Association would not excuse him.

The same Committee, to which was referred so much of the President's address as relates to the next place of meeting, reported that it was inexpedient to change the place from that agreed upon by the Association.

The Committee further reported the following named Special Committees on the subjects named.

On Puerperal Fever and its communicability—S. W. Noble of Leroy, McLean County, Ill.

On the Progress of General and Descriptive Anatomy—J. W. Freer. Chicago, Ill.

On the Diversity of the Veneral Poison—Dr. T. G. Richardson, of Louisville, Ky.

On the Effect of Mercury on the Living Animal Tissues—J. B. Coleman, New Jersey.

On the best mode of rendering the Medical Patronage of the National Government Tributary to the Honor and Improvement of the Profession—J. B. Flint, Kentucky.

On the treatment best adapted to each variety of cataract, with the method of operation, place of election, time, age, &c.—Mark Stephen.

On the causes of *infant mortality* in large cities, the sources of its increase, and the means for its diminution—D. Meredith Reed, N. Y.

On the causes of the impulse of the heart, and the agencies which influence it in health and disease.—John W. Corson, N. Y.

On Sanitary Police of Cities—James M. Newman, Buffalo, N. Y.

On Native Substitutes for Cinchona indigenous to the Southern States—P. H. Cabell, Ala.

On Endemic Tetanus—J. Knight, New Haven.

On Strychnia—its Chemical and Toxicological Properties—Dr. Lewis H. Steiner, Washington, D. C.

On Tracheotomy in Epilepsy—Asbury Evens, Covington, Ky.

On Treatment of Cholera—J. Taylor Bradford, of Augusta, Ky.

On Malignant Periodic Fevers—Charles Quales Chandler, of Rockport, Mo.

On the excretions as an index to the organic changes going on in the System—H. A. Johnson, Chicago Ill.

On Microscopical Investigations of Malignant Tumors—Henry J. Bigelow, Boston, Mass.

On the statistics of the calculaus disease and the operations therefor—J. S. Carpenter, Pennsylvania.

On the treatment and curability of reducible hernia—J. S. Carpenter, Pennsylvania.

On the best treatment of cholera infantum—A. J. Fuller, Maine.

On injuries of the joints—Wm. B. Page, Philadelphia.

On the treatment and curability of reducible hernia—D. Carpenter, Pennsylvania.

On the Statistics of Mortality in the United States—Wilson Jewell Philadelphia.

On motion, Dr. Anderson was continued as Chairman of the Committee on Education.

A resolution relating to the registration of births, deaths and marriages, was offered, and referred to the Committee on Nominations. The Association adjourned.

Visit to the Almshouse.—In the afternoon the Association visited the Philadelphia Hospital and Almshouse, at Blockley, Twenth-fourth Ward, at the entrance of which they were met by several of the Guardians of the Poor, and were ushered into the Board Room, where Dr. Jewell, of this city, introduced the visitors to Frederick M. Adams, Esq., President of the Board, who, in return, said:

Gentlemen of the American Medical Association, and of the Committee of Arrangements:—As the presiding officer of the Board of Guardians of the Poor of the city of Philadelphia, the pleasing duty of welcoming you on behalf of the Board devolves upon me, which, gentlemen, permit me to do most heartily. It is not often that the Guardians have an opportunity afforded them of extending an invitation to so distinguished a scientific body—it is seldom they are enabled to proffer an invitation, the acceptance of which is so likely to be attended with beneficial results to humanity.

Permit me to say, it is not the less gratifying to them. In conclusion, gentlemen, trusting that the short time you may be enabled to devote to an examination of such objects as may engage your attention in the institution, may be productive of interest to you, I, in behalf of the Board of Guardians, greet you, and extend a cordial welcome. Allow me to introduce to you, Dr. A. B. Campbell, the Chief Resident Physician, and his several Assistants.

The Association, preceded by Dr. Campbell and the Assistant Physicians of the Institution, visited the many wards, and expressed much approbation of the general management. After passing through the many departments, they were ushered into a hall, where a slight collation was set out. The guests, after refreshing themselves, returned to the city, apparently well pleased with the visit. In the evening they were entertained at the residences of Dr. Samuel Jackson, J. Pancoast, Henry Hartshorne, and Mr. Isaac Lea.

Fourth Day.—The Association assembled at 9 o'clock. Dr. Wood in the Chair.

Dr. Isaac Hays, from the Committee of Arrangements, reported

additional delegates, making a total number of five hundred and twenty-three.

Dr. Atlee offered a resolution that Dr. Breckenbridge's report on Medical Literature be referred to a special committee, to be read, and if approved by said committee, then to be referred to the committee on publication. The motion was lost.

A motion was made and adopted, that the Committee on Medical Literature be continued to report at the next meeting of the Association.

Dr. Haywood, of Boston, offered the following, which was adopted unanimously.

Resolved, That the thanks of this Association be presented to his Honor the Mayor, and the other officers of the city government, and the citizens and physicians of the city of Philadelphia, for their kind and continued attentions, and munificent hospitality to the members of this Association during its present session.

Dr. Atlee read an abstract of a report on "Religion an Element in Medicine; and the duties and obligations of the profession." A resolution was attached to the report declaring it inexpedient to publish the same with the proceedings of the Association. The recommendation of the Committee was adopted.

Dr. Isaac Hays, from the Committee of Arrangements, reported the name of Dr. William H. Watson, of Bedford County, Pa., as a member by invitation. The report was adopted.

A vote of thanks was tendered to the Managers of the Academy of Fine Arts, for their liberal offer to take charge of the stone for the Washington Monument, until its delivery at Washington.

The following amendments to the Constitution was offered, and under the rules laid over until the next annual meeting of the Association.

"Any permanent member who shall not pay for the published transactions for three successive years, shall be considered as withdrawn."

Dr. N. S. Davis, of Chicago, Ill., submitted the following preamble and resolutions:

Whereas, the present mode of conducting the annual meetings of the Association affords but little opportunity for the discussion of strictly scientific questions and papers, and

Whereas, this has been regarded as a serious defect in the operation of our organization, impairing its scientific character, therefore,

Resolved, That the daily sessions of the Association during each annual meeting, be divided into two parts—the first to terminate at an hour not later than 12½ o'clock, P. M., of each day, and to be divided as heretofore, to the general business of the Association—the second, consisting of all the time which it is deemed advisable to remain in session each day, after 12½ o'clock, P. M., to take the character of a scientific session, and to be devoted exclusively to the

discussion of questions relating to the science and art of Medicine.

Resolved, That the Association, in its capacity of a scientific session, having no power to act on any subject except of a scientific character, may continue in session, whenever thought advisable, a longer period than in its most general capacity.

Resolved, That the foregoing preamble and resolutions be referred to the Committee of Arrangements, with instructions to report on the same at the next commencement of the next annual session.

The preamble and resolutions were agreed to.

Dr. A. J. Semmes, of Washington, District Columbia, offered the following, which was adopted:

Resolved, That a committee of three be appointed to report to the Association at its next annual meeting what measures should be adopted to remedy the evils existing in the present methods of holding coroner's inquests, by incompetent persons, by which the lives and liberties of the innocent may be jeopardizrd, and the ends of justice frustrated.

Dr. Atlee offered the following, which were adopted:

Resolved, That to secure efficient teaching in Medical Schools, where the prime object is to enforce practical precepts, a large degree of union and harmony must exist among the teachers, and confidence be reposed in them by their pupils.

Resolved, That any such unnatural union as the mingling of an exclusive system, such as Homœopathy, with scientific medicine in a school, setting aside all questions of its untruthfulness, cannot fail by the destruction of union and confidence and the production of confusion and disorder, unsettling and distracting the mind of the learners, to so far impair the usefulness of teaching as to render every school adopting such a policy unworthy the support of the profession.

Dr. C. Stewart, of New York City, offered the following, which were passed unanimously:

Resolved, That the thanks of the American Medical Association be, and they are hereby tendered, to the Committee of Arrangements, for the liberal and cordial reception extended to its members during the present session.

Resolved, That a similar acknowledgment is eminently due, and also unanimously extended, to the Officers, Trustees, and Managers of the several public and private Institutions of the city and vicinity, which have been thrown open to the inspection of the members of the Association, the visitation of which has been a source of mingled satisfaction, and the management of which manifests the faithful and zealous care of those to whose guardianship they have been entrusted.

The Committee on Nominations submitted a report, recommending that the resolution in reference to the registration of marriages, births and deaths be adopted, and that the following named members constitute the committee:

Drs. M. W. Wilson, Hartford, Conn., Chairman; G. S. Palmer, of Gardiner, Me.; Silas Cummings, of Fitzwilliams, N. H.; G. T. Elliott, of Woodstock, Vt.; Edward Jarvis, of Dorchester, Mass.; Joseph Mauran, of Providence, R. I.; Joseph H. Griscom, of New York; Henry Carpenter, of Lancaster, Pa.; O. H. Taylor, of Camden, N. J.; Lewis P. Bush, of Wilmington, Del.; A. Snowden Piggot, of Baltimore, Md.; D. H. Tucker, of Richmond, Va.; —— Pittmann, of Tarboro', N. C.; Harny Lindsay, of Washington, D. C.; John D. Dawson, of Charleston, S. C.; R. D. Arnold, of Savannah, Geo.; A. Lopez, of Mobile, Ala.; James Jones, New Orleans, La.; R. C. Foster, Nashville, Tenn.; C. J. Blackburne, Covington, Ky.; John Dawson, Columbus, O.; Edward Murphy, New Harmony, Ind.; A. D. Stebbins, Detroit, Mich.; J. V. L. Blany, Chicago, Ill.; George D. Wilbur, Mineral Point, Mo.; William McPheeters, St. Louis, Mo.; J. D. Elbert, Reosaque, Iowa; John H. Murphy, St. Anthony Falls, Min.

The Committee further reported in favor of the appointing of the following special Committees:

Dr. M. M. Latta, of Goshen, Indiana, "on whether there are any means by which the growth of the Foetus in Utero may be controlled without injury to the mother or the child."

Dr. Thomas Miller, of Washington, D. C., on Toxicology.

Dr. E. R. Peasler, of Hanover, N. H., on Inflammation, its Pathology and its relation to Reparative Process.

Dr. D. D. Thompson, of Louisville, Ky., on the remedial effects of Chloroform.

Dr. Wm. Clendennin, of Cincinnati, Ohio, on Epidemic Erysipelas.

Dr. C. G. Comegys, of Cincinnati, Ohio, on the state of the Urine in Turbercular disease.

The report was adopted.

Dr. Clendennin, of Cincinnati, Ohio, offered the following:

Resolved, That no State or local society shall hereafter be entitled to representation in this Association that has not adopted its code of ethics.

Resolved, That no State or local society that has intentionally violated or disregarded any article or clause in the code of ethics, shall longer be entitled to representation in this body.

Dr. Miltenberg, of Baltimore, moved the following additional resolutions:

Whereas, it has been brought to the notice of the American Medical Association that the State Medical Society of Ohio violated at their last meeting one of the articles of its code of ethics, Therefore,

Resolved, That the Secretary of this Association be directed to inform the officers of that society, that unless such action be rescinded, they cannot hereafter be represented in this Association.

The resolutions were warmly advocated by several members, and were finally adopted unanimously.

Several amendments to the constitution were offered, one of which provides that the travelling expenses of the Secretary and Treasurer shall be paid out of the general fund of the Association. These amendments lay over until the next annual meeting.

Dr. Corson read a report on the "influence of lead upon the heart."

A number of resolutions making changes in the mode of imparting medical instruction were presented, and laid over for consideration at the next annual meeting.

A motion was made that the committee on publication have discretionary power in regard to the printing the report. The mover said that many of the members had not heard the reading of the report distinctly, and perhaps there may be some foolish remarks in it.

Dr. Corson replied that such a summary way of proceeding was not very courteous, so far as he was concerned. He had prepared his report with care, and he thought that the Delegate might have given a more "delicate hint."

A motion was offered that it be referred to a Special Committee of three for examination, and if worthy of publication, to refer it to the proper Committee for that purpose.

The first motion was withdrawn, and the last was adopted.

The hour of recess now arrived, and a motion prevailed to dispense with the recess, and remain in session until final adjournment.

Dr. ——, of New York, moved that the time of holding the sessions of the Association be changed from the first Tuesday in May to the second Tuesday. He said that this would better accommodate many of the delegates.

A delegate hoped it would prevail, to suit the members from New York.

Member of New York—There are seventy delegates there.

Member of Pennsylvania—You New Yorkers had better move on the 1st of April, than on the 1st of May.—(Laughter.)

Member of New York—That's a customary rule, and can't be avoided.

On motion, the whole subject was indefinitely postponed.

Dr. Thomas, of Baltimore, explained briefly a very simple method of inhaling nitrate of silver for disease of the throat and chest, by converting it into a fine powder. A small mixture for this purpose was exhibited.

Dr. Atlee called up a resolution offered at the last meeting of the Association, directing the especial attention of the Committee on Epidemics to the subject of contageousness or uncontageousness of cholera. The resolution was adopted.

A resolution was adopted tendering the thanks of the Association to all railroad companies that have afforded members similar accom-

modations to those afforded by the Philadelphia and Wilmington and Baltimore Railroad Company. Adopted.

An amendment to the Constitution, offered at the last meeting, changing the time of electing the officers, was called up. The consideration of the amendment was lost.

A communication was received from Hon. R. T. Conrad, Mayor, stating that an account of the reception of the delegates at Independence Hall, had been prepared for publication in pamphlet form, and would be ready for delivery to-morrow.

A resolution returning thanks to the Mayor, for this renewed expression of kindness, was passed.

Also, resolution of thanks to Dr. Horner, of the U. S. Navy, and Captain Marston, of the U. S. Navy, for their invitations to visit the Navy Yard.

A delegate arose and said, that we have been so full of heart in passing resolutions of thanks by piecemeal, that perhaps we may have made some omissions. He would, therefore, move that the secretaries be instructed to fill up all omissions. Approved.

The resolution relating to the holding of Coroner's Inquests, was referred to a special committee of three, to wit: Dr. Semnes, of Washington, Dr. Hyle, of Wilmington, Dr. Condie, of Philadelphia.

At half past one o'clock, the Association, on motion of Dr. Davis, adjourned *sine die*.

Editorial.

The late appearance of the present number of the Lancet is owing to a destructive fire that occurred in Mr. Wrightson's printing office, which destroyed the type and other fixtures of his extensive composing room. A large portion of the Lancet matter was in form at the time, and of course it shared the common ruin.

We regret, exceedingly, the occurrence of this accident, for the loss sustained by our enterprising friends, (Messrs. Wrightson,) is very great; and they were only partially insured. But with their persevering energy, which seemed to be strengthened by misfortune, they have repaired their building, procured a complete assortment of new copper-faced type, with all the appurtenances of a well furnished printing office—and are now themselves again. The hurried puff-puff of the steam, as it escapes from their engine, and the rattle of their busy presses, give evidence of active business vitality throughout the establishment.

It will be seen by our report of the proceedings of the American Medical Association, that the Delegates composing that body, were treated in the most courteous and hospitable manner, by their brethren of Philadelphia. Even the citizens of the "Quaker City," seemed to vie with each other in honoring the humblest member of the Association.

At the various parties, in addition to the "feast of reason and the flow of soul," the greatest profusion of the "good things" that please the palate, was spread before the invited guests, and, although some of us back-woods-men were too diffident to exhibit our powers in the Convention, we saw no backwardness manifested on those pleasant occasions.

Our bills will be sent this month to those of our subscribers who have not paid for the present volume of the Lancet, and also to those who are in arrears for the last year. Some of our patrons are delinquent for the year 1853, and the bills for that year will be found in Dr. L. M. Lawson's name. *Remittences for* 1853 *should be made to* Dr. L. M. Lawson, *and those for* 1854, *and for* 1855, *to* "Dr. T. Wood, *Editor of the Western Lancet.*"

UNIVERSITY OF PENNSYLVANIA.

At a meeting of the Trustees of the University, held on Tuesday evening, May 1st, Dr. Henry H. Smith, of Philadelphia, was elected Prof. of Surgery, to fill the vacancy caused by the resignation of Prof. Gibson. The votes stood, eleven for Dr. Smith, and nine for Dr. Brainard, of Chicago, Ill.

We have received the following books for review and notice, but for the want of room we can only give their titles this month, with a promise of a more extended notice in our next.

From S. S. & Wm. Wood, of New York, through the politeness of Moore, Wilstach, Keys & Co. "Beck on Infant Therapeutics." "Hassell's Microscopic Anatomy, in 2 vols." "Principles of Physiology, designed for the use of Schools, Colleges, Academies, and the General Reader." By J. G. Comstock and B. N. Comstock, M. D.

From Blanchard & Lea, Philadelphia; through the house of H. W. Derby. "Ashwell on Diseases of Women." "Tyler Smith on Leucorrhœa." "Gross on the Urinary Organs." "Rands Medical Chemistry," from Blanchard & Lea, but through the house of Moore, Wilstach, Keys & Co.

From Philips, Thompson & Co., Boston; through the house of Moore, Wilstach, Keys & Co. "Surgical Reports, and Miscellaneous Papers." By George Heyward, M. D.

WESTERN LANCET.

EDITED BY T. WOOD. M. D.,

PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO.

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Original Lectures, Essays and Communications.

Epilepsia Miasmatica. By R. R. McMEENS, M. D., of Sandusky, O.

Under the above appropriate nomenclature I propose describing one of the peculiar and protean forms of disease, obviously emanating from, and directly dependant upon, malarious effluvia. Some doubts have been entertained, by eminent writers, in regard to the probability of miasmatic exhalations, etiologically engendering or essentially establishing the pathological condition necessary to the production of true epileptic convulsions; implied from the want of adequate uniformity, in a sufficient number of cases, to corroborate or confirm the fact.

From a succession of remarkable and interesting instances emminently illustrative of such an innovation, concomitantly occurring, under my immediate inspection, exhibiting all the pathonomonic phenomena of epileptic proxysms, uncomplicated with other prominent derangement or subsequent cerebral depravation—periodically produced and promptly eradicated by the administration of anti-periodics; together with occasional isolated cases of a similar character, observed in proximity to paludal localities; strongly substantiated the practicability of such influences, propagating a concatenation of functional and sensorial perversion, sufficient for the

consummation and possible perpetuation of an epileptic habit.

During the prevalence of our ordinary autumnal epidemics, a manifest predisposition or constitutional incorporation of morbific matter is contracted; ostensibly pervading, assimilating with, and conspicuously characterizing, all succeeding determinations or developments of disease, however induced or provoked, and frequently subverting or presenting indications of paramount importance in the successful management of the case.

This innate disposition, or malarious diathesis, undergoes a marked modification upon the accession and during the progress of winter; decreasing in activity and potency, becoming ambiguous and obscure, and eventually degenerating into an asthenic; latent and indefinable deterioration of general and local enervation, resulting in occasional exhibitions of anomalous neurotic and functional disorders, difficult of diagnosis and obstinate of cure.

While this constitutional contamination continues a preternatural susceptibility to the invasion or induction of disease exists, and any combination of circumstances or particular eligibility, contribute to predilect and promote the subsequent demonstration; and accordingly, from the preponderance of cerebral and nervous development and impressibility in children, a proportional determination to that organ and system predominates; and when, from the presence of this deleterious influence, an undue exaltation or erethism is already excited; but little adaptation or concentration is necessary to produce a degree of cerebro-meningral irritation or excitation, adequate for the full development of an epileptic convulsion. Three of the cases I shall present in elucidation of this fact were attending the same school at the time assailed by this affliction, when the brain would necessarily be disproportionally exercised, and who were considered the most precocious and assiduous of the class, and in whom no hereditary proclivity could be ascertained.

In submitting a detail of the following cases, I shall confine my remarks to a brief delineation of symptoms and effects, observed and recorded at the time.

Case 1st.—On the second day of March, 1847, while practicing at St. Clair, Michigan, I was hastily called, about eleven o'clock in the forenoon, to see a little girl—twelve years of age—who had suddenly fallen from her seat in a fit, while at school, and on reaching the place, found her reclining in the arms of a neighboring woman; the violent convulsions having partially subsided, irregular muscular contractions occasianally occurring, with distortion of features, grinding of the teeth and frothing at the mouth; perfectly insensible, and apparently comatose; livid lips and rigidly flexed thumbs; spasmodic inspirations, and irregular and intermitting pulse. Having ordered an immediate removal to her residence, the ordinary paliatives were applied; after which she sank into a deep and undisturbed slumber of nearly an hour's continuance, when she suddenly awoke, with the confused and astonished expression and stare, characteristic of epilepsy, which I concluded to be the nature of the case, and designed to treat accordingly. Advising a further repose, I left with the promise to return in the evening, at which time I found her quite recovered; having experienced no febrile reaction of any consequence, and had a warm, profuse perspiration during sleep. Left a mild cathartic, to be taken at bed-time. Next morning found my patient apparently well, and employed in her usual amusements. Enjoined an absence from school, and promised a preventive course of medication; but about eleven o'clock the next day was hurriedly called, and informed that my patient was in another paroxysm. This I found to be precisely similar to the previous attack; and, upon inquiry, learned that she had been seemingly well until a short time before seizure; when she complained of a slight sense of chilliness and uneasiness, and immediately went into a convulsion; and, on further in-

vestigation, discovered that she had suffered, the previous autumn from a persistent Intermittent Fever.

From this fact, connected with the prominent periodicity and profuse perspiration, inferred the affection to depend upon malarious influence. Prescribed a dose of calomel and carbonate of iron, to be followed, next day, by the continued use of quinine and strychnine, combined in solution. On visiting her again, at the period of the anticipated recurrence, found her complaining of cold toes—numbness of the feet and hands, with an uneasy and unpleasant sensation of the lower extremities, closely allied, in description, to the Aura Epileptica; a slight degree of vertigo, and an expression of alarm and anxiety: all of which symptoms disappeared without further disturbance, and terminated in a quiet sleep and perspiration. The same medicine was continued for a proper length of time, and she never experienced a return of the paroxysm during the subsequent four years that I remained in the place—enjoying uninterrupted good health, and became a finely formed and fully developed girl.

Case 2d.—A handsome, intelligent and active little boy, seven years of age, attending the same school, on the 11th day of the same month, complained of feeling cold, and was permitted to approach the stove, where he shortly fell upon the floor in a severe convulsion, creating great consternation among the scholars, who immediately apprised me of the fact. On examining the case; I found it resembling in almost every particular the one previously described, and which disappeared in much the same manner. The same treatment was accordingly adopted. Upon the second succeeding day, a like disposition manifesting itself, about the same hour; I was at once sent for, and found my little patient extremley excited, vociferously talking, impulsively screaming, and at times, crying out from an apprehension of some imaginary danger complaining of an exquisite sensitiveness of the hair and scalp, upon the crown of the head. After the administration of a dover powder, he became quiet—slept, and perspired freely, and

awakened feeling, comparatively well. The medicine was continued, and the disease disappeared without any return in the same length of time as stated in the former case.

Case 3d.—A spare, sallow and sickly looking girl, fourteen years of age, complained of a sense of chilliness, and approaching illness, while confined in the same school on the 21st of the same month, and was advised by the teacher to return home, the distance being but a few rods, which she did, on reaching her house, she was affected with dissiness and occasional blindness; repaired to her bed, and immediately convulsed. I was directly called and found her insensible—teeth rigidly fixed—eyes staring and distorted, fingers firmly flexed, slow and rattling respiration, head twisted to one side, lips blue and puffed, covered with foam, issuing between her teeth; directed a stimulating foot-bath, applied amoniae to the nostrils, and a mustard cataplasm to the præcordia. After a short time she relapsed, and vomited a quantity of bilious secretion, after which I gave her ten grains of calomel, and she shortly went to sleep, and remained so for sometime, attended with a free and general perspiration. The same course of treatment was pursued as in the former cases, and she eventually, after two or three slight periodical returns, entirely recoverd; but owing to the consecutive character displayed by these cases, speculative curiosity was excited in the community, and the school dismissed. The house was located directly upon the elevated margin of a shal low swale, which ran diagonally across the commons, to which I attributed the complaint; called into action by the influence of an advanced season.

Coincidental with the foregoing cases, I visited a child in the suburbs of the town, similiarly afflicted. From this time until the fall of 1849, when I left that region, I witnessed no more instances of the kind, but subsequently locating in Sandusky I met with three cases of a similar character, one of which differed in no particular from those above related. The other two so closely allied in nature, yet presenting peculiar features and consequences, demand a faithful relation.

Case 4th.—In the month of march, 1853, I was called at an early hour in the morning, to visit one of our most respectable, energetic and assidious attorneys, of a marked nervo bilious temperament, and was informed that he had passed a harassing and sleepless night, from an inordinate mental activity and excitement, and an irresistable disposition to voluble loquacity, which was continued incessantly the greater part of the night, and ceasing only, upon encroaching exhaustion inducing sleep, which was attended with a profuse and debilitating perspiration. I found him languid and tongue slightly furred, pulse soft, but accelerated—dull headache, and slight pain and uneasiness in the lumbar region, and extremities, prescribed blue mass and hyosciamus in pills, and enjoined quiet. Was recalled about eight o'clock the same evening—found him extremely excited, vehemently discoursing upon different subjects, but perfectly rational in all of his replies to my interrogatories, attributing his excitement to arduous duties undergone, during a protracted sitting of a court. Informed me that it had recurred upon the same hour, as on the preceeding night, accompanied with a corresponding sensation of chilliness, in the extremities and back, succeeded by peculiar uneasy numbness. Surface cool, pulse rather frequent, and an increased flow of saliva. From this intelligence, apparent periodicity, and the fact of having attended him the previous autumn, in an attack of pernicious intermittent fever, I adminstered a full dose of dover powder for the night, under which he slept and perspired freely, and ordered regular and free doses of quinine, stychnine and morphine, in combination, the following day, and he passed the period of recurrence with only a slight manifestation, after which he experienced no further effects. This was evidently cerebral excitation, induced and periodically sustained, by malarious influences approximating in vigor and effect, the same action as resulted in epileptic convulsions with the former cases.

Case 5th.—A male child about three years of age, the son of one of our most respectable and influential citizens, appa-

rently healthy, and robust in conformation, was attacked with an active intermittent fever in the autum of 1851, which was arrested by ordinary means, without any difficulty, or unusual appearances, but returned sometime after, as a masked intermittent, which was also readily relieved, and from that time enjoyed good health until about the first of April, of the succeeding spring, when he one day complained of chilliness and other slight symptoms of illness, which was presumed to result from out door exposure, which had been permitted but on the second day succeeding, was again affected in the same manner, which eventuated in a severe convulsions, so closely resembling epilepsy, as to create great alarm and anxiety in the parents, from the fact of a brother, on the father's side being subjected to epileptic attacks, for a number of years. From a knowledge of his previous affection—the assumed periodicity—and similitude to the cases detailed, the same diagnosis was consequently deduced, and the same mode of treatment adopted, and like favorable results obtained. He passed the summer without any return of the disease, but late in the autumn was again subjected to chills and paroxysms, attended with prominent gastro hepatic derangement at first assuming a tertain type, but subsequently an erratic and irregular development. I hereupon adopted a methodical course of treatment, by successfully administering citrate of quinine and iron, oxyde and valerinate of zinc, combinations of narcotics and restricted diet, and eventually nitrate of silver, correcting visceral derangement by occasional doses of calomel and carbonate of iron. The paroxysms again subsided during the continuance of winter, but again reappeared upon the ensuing spring, premonished by the former gastric disturbances and ejection of bile but with diminished febrile reaction, and longer protracted convulsions, and began to manifest some of the appreciable evidences of confirmed epilepsy; as impediment of speech, slight strabismus, irrascible temper, immoderate activity, and capacious appetite, but again passed the summer without a relapse. At this period he was seen by the late Dr. Dresback, of Tiffin, whose ac-

knowledged experience and practical suggestions, I was desirous of obtaining. He considered the case as one of simulated epilepsy, depending on and resulting from miasmatic influence and concentration, and prognosticated a favorable termination, and entire exemption by proper treatment, and care—advised a sojourn to the sea coast, during the autumnal season, which was complied with. He also informed me, that he had met with similar cases in his own practice, and one presenting more untoward indications than this one, and which eventually entirely recoverd. Such cases possessing a favorable tendency, instead of the intractable deterioration of essential epilepsy.

This patient escaped any violent manifestations of relapse during the autumn of 1853, which was passed at an eastern resort upon the coast, and only displayed some occasional vertiginous disturbance on his return, which were usually excited by error in diet, or under exercise and fatigue. Early in the spring of 1854, the family removed to Cincinnati, where through my recommendation, he passed to the professional care of Dr. Mendenhall, to whom I communicated the history of his previous condition, and under whose management he much improved, and I believe had no relapse of paroxysms, and who I learned placed him upon the continued use of stramonium, and regulated diet.

In this case there was an evident hereditary predisposition, as communicated by the family, two or more instances having occured in their ancestors, but was unquestionably called into action, sustained—and probably perpetuated, by the direct influences of miasmatic poison.

I offer the foregoing cases and considerations, without any desire to complicate the causes, or nomenclature of the disease, but merely to state the fact, of such a character of the disease existing, having never met with any notice, or account of the affection, in medical publications; one striking feature as yet, unnoticed, is the fact of the vernal predilection observed by the cases narrated, which probably depends upon the character, of the zymotice elements, elimenated and set free by the revivifying influences of spring.

Cholera Infantum, by J. F. A.

I see by one of the Medical Journals of the West, that the New York Academy of Medicine offers One Hundred Dollars reward for the best Essay on the above named subject. Though I do not think that I can compete with the wise men of the East, yet I will attempt to say a word or two on this dreadful destroyer of infant life. The season is fast approaching in which Cholera Infantum will begin to make its appearance in the West. In attempting this communication, I do it with some feeling of diffidence from the important bearing of the subject. But my factsshall be as I have been able to gather them from actual experience and practice. The striking resemblance and intimacy between Cholera Infantum and Infantile Remitting Fever, is so great that but few will be willing to doubt their close connexion, who have had much of a Western experience with both diseases. The premonitory symptons of Cholera Infantum can hardly be distinguished from those of the severer type of infantile remittents. Both are as a general thing preceded by a chill more or less severe. Both are attended with functional and structural lesion of the stomach or small intestines or both, and often with some trouble in the colon and rectum. It may be inferred that Cholera Infantum is a severe form of infantile remittent fever, attended with extreme local lesion, giving rise to local symptoms which more or less hide the febrile characteristics of the disease. Though as a general thing by close attention and watching the *real remittent* type of the disease, can be detected. I shall divide the disease into three stages: 1st. The stage of *invasion.* 2d. The inflammatory stage; and 3d. The typhoid stage. The first stage is often well marked as regards its remittent character; of 29 cases selected by me from my notes, 18 cases were well marked with invasionary chill succeeded by fever, and then a remission of from ½ to 5 or 6 hours. Of these 18

cases the stomach became irritable in 6 on the first chill, in 5 on the second, in 2 on the third, in 3 on the 5th chill. 5 cases were attended with diarrhœa on the first chill, 2 on the second, 4 on the third, and 6 on the fourth and 1 on the fifth chill; of the remaining 11 cases, one was attended with but one chill, very slight, which run quickly into the typhoid type. In 6 the bowels and stomach were affected simultaneously, as far as I could find out, and the remaining 5 were considerably irregular in the invasion, but well marked in the second stage. Cholera infantum in the invasion shows marks of considerable irritation of rather a functional character. The child is by degrees (in my cases) attacked with anorexia. It becomes less spirited—is dull; after a more or less duration it is found to be pevish. It yawns, stretches, is sleepy; its mouth becomes dry, its skin hot. If the child is nursing, it craves the breast oftener than usual, and is then hushed to sleep from which it starts much agitated, and then perhaps vomits up an acid, disagreeable smelling stuff. The stomach in the stage of invasion from functional disturbance, secretes a superabundance of acid, which in my opinion, acts as an irritant, and when conveyed to the intestines, excites them to take on an abnormal action, that is followed by congestion, inflammation and ulceration. On or about the second day, the stomach becomes so irritable that nothing is retained. The milk it imbibes from the maternal bosom is quickly ejected, curdled, and having a strong acid smell. The child about noon seems to be duller, and lays more docile till about 2 or 3 o'clock in the afternoon; its fever begins to increase again. It wants continually to change its posture. It desires to be taken from place to place, and from one person to another. If the mouth be examined, the fauces seems red; the gums full, and the tongue begins to be pointed and firred at the base, while the tip is red and sharp. At about this time the bowels are opened, the stools are voided with considerable force and pain, and looks streaked with green here and there. After the stage of invasion has lasted a few days

(from 3 to 5 days) the second or inflammatory stage begins to come on. About this period the belly is somewhat enlarged, and the vomiting abates, while the stomach is relieved of its contents with more ease and less effort on the part of the little sufferer. During the first stage the pulse does not beat more than 10 or 12 beats quicker. The finger is not struck with the force of a full pulse; it conveys the idea more of irritation than of inflammation. The first stage is so well marked as being that of a periodic congestion, that I have often directed the attention of my friends to the fact. In the first stage the bowels seldom are much implicated. During this stage also the little sufferer shows signs of headache. The scalp is hot, its eyes are suffused and red, it cries and hides its eyes from the light by turning its face away under the arm of its mother or nurse, or buries it down on the pillow. It puts its hand from time to time on its head from which it quickly draws it, and then whines. Between the third and the 5th day, the pulse begins to grow more quick and hard; the abdomen begins to enlarge so that the umbilicus becomes in a few days sharp, the integuments are hot, the child flinches and screams when the belly is pressed, especially over the illial fossa. The alvine discharges are then acid. They begin to grow of a universal green hue, streaked with bile and thick mucus. The remission begins to grow less distinct, and the vomiting now has ceased in a great measure. The pulse rises to about 120 or 130 beats per minute, hard and small. The skin is hot and pungent, the child lays more stupid every alternate day. As the second stage advances the stools become dotted with blood of a rather dark color more frequent in recurrence, sometimes they are streaked with a dark brown matter rather consistent and very fetid. This is rather a bad augury but not so bad as when the stools are *pink*, at about this stage the stools are so acid as to excoriate the nates or buttocks, scrotum, thighs, and even the sacrum. I have seen ulceration attack the scrotum and groin from inattention to cleanliness. The thirst is extreme. The

acid secretion goes on to a considerable extent in the small intestines. I have known the milk taken in the stomach of the child, passed by the anus in one hour curdled, and mixed with the thin watery green of stools. The child at this time can hardly be prevailed upon to take any food. What it does take is quickly passed along the whole course of the canal; the nutritive system is seriously affected; the child in about a week looks yellow, or of a dirty brownish yellow hue, the skin hangs in folds on its attenuated muscles; absorption has taken away the celular and adepose tissues; its face looks long and sharp; its eyes sunken, chin pointed; cheek bones prominent; the muscles on the arms and thighs, can be traced; its head looks exceedingly large; the heat of surface is pungent; when the child vomits the stuff thrown up is of a white galetinous character smells *raw* and *sickish;* if the ear is applied to the chest a rhoncus is heard indicating the approach of the typoid stage. This is the third stage. The evacuations have a chopped appearance; they look as though half putred meat was chopped up and mixed with a grumus looking fluid. The belly is full, tympanitic and soft. The child lays stupid and almost lifeless, now and then looking round. It doses with its eyes half shut, the white and part of the pupil is exposed while it breaths quick and the alla nasi heaves with every inspiration and expiration. The extremities in palms of the hands and the soles of the feet are hot and parched, while from the wrist to elbows and legs to the knees are cold, yet dry and harsh to the touch. The belly and head are hot—burning hot; the former now having a doughy feeling and very tender. The mouth during this stage begins to show white patches around the inside of the cheeks, roof and the palate; the lips which have become thin and sharp are everted, the gums are of a dark red color, with bright red spots scattered here and there. When this stage is somewhat advanced the child lays in a state almost akin to coma; it is not easly roused; its voice is husky and reduced to an unnatural squeal; it moanes and sighs. I forgot to say that the bowels during the second stage showed con-

siderable spasmodic action. The child is harassed with severe intestinal pain, tormina and tenesmus and blenorhagia of rectum; its hands and feet are thrown about with force and its restlessness extremely great. During this stage. (third,) the bowels are opened without any effort of the child, it passes its stools unconcious, but in some cases, every twenty-four hours a paroxysm will come on attended with severe general convulsions and pain; the stupor begins to become well marked, about between the seventh and tenth days an exascerbation will come on at about 9 or 11 o'clock, A. M. The pulse rises in force and frequency, and the stupor begins to get more and more profound, until about 3 o'clock, A. M., when it begins to relax, but rather slowly, to be repeated with more vigor and force every alternate day. The duration of this stage is rather longer than that of the two previous stages; it lasts often from two weeks to 20 days, even as high as 23 days. If the case is mortal, the convulsions recur often, sometimes twice in the 24 hours, again not more than once every 36 hours, or in the 48 hours. The stools become more retid, liquid and grumous, having a pink hue which I regard as one of the saddest symptoms that I can see, as I do not remember a case that ever recovered from it. The stupor begins to get more profound; the belly has more and more the feel of a tough piece of dough; the extremities get cold; the skin grows of a dirty, purplish hue; the eyes lose their lustre, and the pupils look as though they were dull and tarnished, while the schlorotic coat looks of a bluish white hue; the child lays with its mouth open; its tongue is of a dark red color, dry and hot, mouth patched white, the gums are sharp and upper part spongy; lips thin, everted, glossy and dotted. I forgot to state that during the last end of the second stage, and all through the third, the papille of the tongue are raised, and look as though that organ was covered by a lot of granules; about the middle of the third stage the ear applied to the region of the heart detects a bellows sound: thirst is so extreme that the child during the second stage craves the

breast more for its fluid contents than for food. I said that during the first stage the stomach secreted an acid secretion in large quantities. What it is, I know not; but this much I do know, that the urine in cholera infantum patients is highly acid; so is the discharges of the bowels. If the napkin be examined, a substance looking like iron rust will be found in small specks; this is seen when the case is threatening severity and obstinacy. It is to me a guide in my prognosis. It must be stated that the high acid condition of the urine gives way to a rather ammoniacal condition of that secretion when the typhoid or third stage is fully established and advanced.

The causes of cholera infantum are various, but one grand cause may be stated, and that is, whenever remittent and typhoid fevers are rife among adults, cholera infantum will be equally prevalent: I mean during the hot season. It is evident that a certain condition of the atmosphere fosters its production. Hot dry weather, teething, weaning during the warm summer months, causing change of diet which must bring on more hard work for the delicate and weak digestive organs of the child, thereby engendering irritation and its consequences. A want of proper food, proper clothing; on the other hand a wet, humid season. When the air becomes loaded with moisture to such a degree that it does not take away the insensible perspiration of the body, but rather tending to prevent the normal functions of the skin. This latter condition of the atmosphere will produce severe bowel complaints in all classes of subjects. It may well be doubted by many wise and experienced practitioners, if malaria exercises any very powerful influence as a cause of cholera infantum. For my own part I cannot see why it should be looked to as anything of a cause even of intermittents, much less so of cholera infantum. It is doubtless true that the disease shows itself equally as rife and virulent in Boston, Philadelphia and New York, as in any part of South Carolina, Georgia, Michigan or Illinois. Yet we find that age has quite a share of

influence in the list of causation. Infants from the age of 10 months up to two years, are as a general thing the victims of this dire disease, while as we ascend the scale of years it becomes less common or less fatal. Of the 29 cases by me selected in this article, 16 were under 30 months old, and but one 6 and five 4 years old. At the same time, the younger the child the more the issue is to be dreaded, though of the 29 cases above stated, but two died, one of 6 and the other of 2 years of age. Extremes of temperature have their share as a cause of cholera infantum. Hot days and cool nights hardly fail to supply an abundance of cases. New countries during the act of clearing away the woods, also seem to aggravate the disease and increase the mortality; but in another article, on intermittents and remittents and continued fevers of the West, I will explain this matter on other ground besides that of miasma, which I hope to be able soon to furnish your valuable Journal with. I can well remember when I first located in this State, in a new, unbroken country, as soon as the woods began to be felled and the ground broke, cholera Infantum was plenty enough, and considerably fatal.

Treatment. This, I deem the most important portion of my *meagre* article. I have not yet spun any theories, but as far as my abilities and means would allow, I have confined myself to facts. Now I am more urgently called upon for the truth and the whole truth, and nothing but the truth. The question we all ask ourselves, is, *What shall I do for my patient? what will cure him?* This then is the *gist* of the matter, the *marrow* of the story. In dividing the disease into three stages, I did so because it is in accordance with tha nature of the disease, and must be so in the the treatment. However much we may desire to condense the matter, the fact stares us in the face that we are to meet it by stages, by indications. First of all, be it remembered that it was stated in the fore part of this article, that the stomach secreted even in the invasion or first stage, a morbid and highly acid secre-

tion, which in my opinion, is a source of much trouble, and gives rise to serious consequences. This is a fact and must be met, if not to cure it to prevent it in a manner, and counteract its evil influence on the coats of the stomach and small intestines. Here I must state that it is my opinion, that the alkaline and neutral salts in the blood and other secretions, are deficient, also the lime and its compounds. I throw out this hint that those who are more favored than myself with means and opportunities, will investigate this matter more than it has heretofore been investigated, as I believe it of great magnitude in our therepeutial aid in the treatment of this disease. The first indication to be met then, is that of the remittent, abnormal function of the stomach. The bowels should be attended to, and for this purpose quinine, carbonate of soda, Dover's powder, should be given each in three grain doses, at intervals varying from one to three hours, according to the severity of the attack. I must say in this place that I have not found calomel of much if any benefit in the successful treatment of cholera infantum. When the stomach is irritable, ½ grain of calomel given in lime water does good, and it may be combined with morphia and ipecacuana in small doses. The drinks for the child who is weaned, is emphatically *gum water*. This is nutritious, bland and cooling. It defends the abraded coats of an irritated stomach, and in a measure controls the acid, abnormal secretions. It should be made with one table spoon of good *clear* gum, on which is poured one pint of boiling water, then set in an ice tub or cool spring to get cold. This but few children refuse, and hardly get to loathe. I have known numbers of children to live on this almost exclusively for 3 and 4 weeks. When the bowels begin to get loose, the child complains of pain, is restless, and the alvine discharges are frequent and green, commingled with thick mucus and acid. The following compound has succeeded like a charm in my hands: Tinct. Balsam tolu 2½ or 3 ounces to 1 pint alcohol and balsam peru of each 10 or 30 drops to which are added ½ to 2 drops Nor-

wood tinct. ver. vir. every 4 hours. When the heat of skin is great, pulse quick and hard, the child restless, belly tympanitic hot and tender, the balsam drops are called for and must be conjoined with the quinine and laudanum in doses of from 2 to 4 grains every 1 and 2 and 3 hours. As regards the tinct. ver. vir. I have in a day or so brought the system so completely under the influence of it, that a child of 2 years would be effected by even ¼ drop every 24 hours, and would, during the interval, control the pulse. Counter irritation to the belly may be kept up by equal parts of aq. ammon., alcohol and turpentine, distilled with two parts of oil. By this means vessication may be produced, but this I do not advise, as it acts as a severe burn, increases the irritation already too great, and adds to the intestinal lesion.

The child's feet and legs should be washed in water in which aquæ ammonia is suspended—one ounce to one-half pint of water—and then wrapped in flannel. The skin, throughout the whole course of the disease, is harsh, hot, and dry, and its functions are suspended. You will find this the case, even more marked, when the intestinal lesion is greatest. The nervous system suffers greatly, the brain sympathizes, while the urine is acid.

In this stage the best thing I have found is the extract of belladonna, and the tincture of acconite; 2 grains of the extract rubbed up in 1 ounce of water, and from 20 to 40 or 50 drops with 8 of the tincture of acconite given every four or eight hours. Soon a *universal* rash appears over the whole cutaneous surface, and the bowels seem much relieved, while the skin has become soft and somewhat moist. This, I must say, I discovered, by accident, two years ago, and have used it to good effect since. The quinine must not be omitted by any means. Due attention should be paid to its administation, as often, at least, as six times in the twenty-four hours' in no less than two grain doses. A very good substitute for the quinine is the amorphous quinine suspended in alcohol or tincture of cinnamon, at the rate of two grains to ten drops.

This, in many cases, acts far better than the quinine: combining its anti-periodic properties with those of astringent and tonic character. When the stools are quite fluid, often repeated, and large, the strychnine is of no small value. I have seen milk or other food pass the whole length of the bowels, in two hours, acid and acrid. Under these circumstances the strychnine and lime water are great aids to us. In some cases, the profound periodic stupor will be so urgent as to be alarming; and, indeed, it may. Many children are carried off, in this condition, if left alone, which not very seldom occurs from the ignorance of the "Doctor" or the carelessness of the nurse. The child lays stupid, inactive, almost comatose. You shake it — call it — dash water in its face: it merely gasps, or but partially opens its eyes and makes a faint noise and quickly reverts to its almost dead condition. What is to be done here. The whole nervous system is on the verge of death. One hour's, yea, one moment's neglect may prove fatal. How are you to arouse the little one? How will you impress the nervous centers so as to cause reaction? I know not what others would say and do; but I have, first of all, put the child in a warm bath; then taken it out and dashed cold water on its naked surface. This operation sometimes wants to be repeated twice or more; but it seldom fails. It makes a powerful impression on the nervous centers by the way of the whole cutaneous surface. In fact the child is in such a condition as it would be were it *poisoned* by *opium*. Last of all I come to turpentine. When the mouth is apthous, and you suspect the same condition along the line of the alimentary canal; when the stools look as though chopped stuff were suspended in a grumous looking brown fluid, turpentine is valuable in tea-spoon or two tea-spoonfuls, repeated every three or four hours, combined with laudanum and tincture of cinnamon, double or treple strength, or even the decoction of the same.

I now come to speak of *astringents*. I cannot say too much about them; as more *mischief* has been done by their

indiscriminate use, in the treatment of the disease now under consideration than by anything else. I do not doubt but that thousands of children die annually from the improper and loose use of nitrate of silver and acetate of lead, etc., than we are aware of. I will lay it down as a general rule, in which I will be sustained by the better portion of the profession, that in the active, inflammatory stages of cholera infantum the above two salts, and others akin, are worse than death itself, as they cause *torment* on *torment*. The mineral and vegetable astringents should not be used till a considerable part of the inflammatory action is reduced, so that nothing but a weak action, flacid condition of the mucus coats and glands are left behiud. When the looseness of the bowels are due to a want of tone and energy, then the nitrate of silver or the acetate of lead, combined with morphine or opium do wonders. In children of about two year's of age the bowels want tone; they are not abundant in energy; their functions are loose and weak, and digestion is imperfect. The stomach is often sour; the stools inconsistent; they are pale and puny, (all the effect of cholera infantum). In these cases, nothing does the required work so well as a daily allowance of lime water, say from one to two tea-spoonfuls before every meal and at bed time, before retiring to sleep. I can vouch for the efficacy of this in no small number of cases.

I must now end this article, by saying a few words on diet and convalescence, and these need but very few. All starch diet must be kept away from the child; all sweets. Together they make acid. Starch sticks to the folds of the mucus coats of the intestines and acts as an irritant. Beef teas, according to approved plans, are good, and very good. They supply good blood and blood plasma. Attention to dress, good fresh air, riding out in the cool of the day, change of scene; all things that fret or worry the child should be carefully withheld. The teeth and gums should be attended to, and no alcoholic drinks allowed, under *any circumstances*, as there is no need, in the least, for them. Good

healthy cow's milk, cod-liver oil, a piece of half cooked beef-steak given to the child to such good stale yeast bread spread with fresh, healthy butter may all come in play and do their part. J. F. A——s.

Observations on the Trillium Latifolium. By J. S. DU KATE, M. D.

MR. EDITOR:—I send you a few thoughts, relative to my experience with the Trillium Latifolium, for publication in the Lancet, if you think it worthy of a place. We have a considerable number of botanic plants which are valuable in therapeutics, when placed in the hands of scientific physicians; but the deplorable fact is, the empirical steamers have brought some of our most valuable botanic medicines into disgrace, from the fact that they themselves are ignorant of their own profession, chemistry and pharmacy. This plant is known by the common names, nodding and false wake robin, beth or berth root, indian balm, rattle snake root, &c.; it grows in woodland, and generally prefers the shady side of a hill; there are two of the plants, one bearing a white bloom the other red; the red bloom is called the male plant, the white, female. The white bloom is the one preferred for a full and accurate description of this plant. "See Medical Flora, or Manual of Medical Botany of the United States; By C. S. Rafinesque, 1830, page 91, vol. 2." My attention was first called to this article, by L. P. Brockett, M. D., of Georgetown, Ky., in the February No. of the Lancet, for 1845. For the past few years I think my experience with the medicine satisfactory to myself, and in the hands of other physicians who have given it a fair trial.

Sensible and Medical Properties of the Trillium.—I cannot do more than adopt the language of Dr. Brockett. "The root is the only part used, when chewed it leaves an impression on the fauces, not unlike that produced by the indian urnip; in large doses it is emetic, expectorant, diuretic, and

laxative; in smaller doses it is astringent, and possesses great power in controling hemorrhages and morbid mucous secretions."

I will now give a synopsis of those cases in which I have derived the most gratifying results from its adinistration.

CASE 1.—Is that of Hæmoptysis—this patient was subject to attacks of spitting of blood, of a periodical character. During the attack, there was no particular excitement of the heart or arteries; patient calm and composed. Suffice it to say, all the so called valuable treatment received proper attention, but no improvement in the patient. I put him on the pulvis trillium, xxx. grs., three times per day; this he continued for one month, with some relaxation from its use, from the time he commenced with the article, until the present, which is four years, he has not had a return of hæmoptysis, but is enjoying good health.

CASE 2.—Was one of Hematuria—this case occurred in an old man about 69 years of age; he had been treated by his family physician, but to no permanent effect. By the solicitation of his physician, I prescribed for the case. I ordered xx. grs. of pulvis trillium, three times per day; under this treatment he is improving, and I have no doubt but what a cure will be effected.

As an article for excessive mensturation, I think I can confidently say, I know of no article in the whole Materia Medica whose modus operandi is so sure and salutary as this article. To-day I discharged a lady from further treatment, who I am confident was cured by the exhibition of this medicine. She had been laboring under irregular mensturation for the last four years, attended frequently with menorrhagia, which under the ordinary treatment would continue for weeks. I used the trillium in this case, and yesterday the lady walked the distance of four miles, and called on me at my office, expressing herself well. She says, her mensturation comes on at the proper time, is not attended with pain, continues three days, then disappears, and at the proper time comes on.

This lady no doubt received great benefit from the trillium.

I can in the strongest terms recommend it to my professional brethren as a valuable remedy in that perplexing disease, leucorrhœa; I have derived permanent advantage from the article in this disease.

I have written this article, not for the object of boasting, or conveying the idea that I have made any great discovery in the Materia Medica, this I have not done; but I thought it due the profession, that they should give this article a trial, I should perhaps have never paid any particular attention to it, had it not been for the strong recommendation which Dr. Brockett gave it; and I can add my short experience with the trillium to Dr. Brockett's and Dr. Nathan Smith of Yale College; hoping that physicians will give it a fair investigation and report accordingly.

Botanic emperics use this plant to a considerable extent; but like the lobelia inflata, they bring it into discredit, from the simple fact that they know nothing, or care less, about its therapeutical applications.

Correspondence.

CRITTENDEN, Grant Co., Ky., May 23, 1855.

EDITOR OF THE WESTERN LANCET:

Dear Sir:—I sent you an account of some cases of what is called milk sickness or trembles, in this section of country, and promised to forward a history of some others. Before entering into a detail of cases, permit me to give a short account of my experience.

As far back as 1844, by referring to my case book, I find the following record: I was called to see a family of which five members were sick; one of the five was in "articulo mortis" when I visited them, and died a few hours afterwards; the others presented the following symptoms, to wit: tongue

coated, dry and cracked; pulse full and quick, 135 per minute, vomiting severe, thirst intense; extremities cold and clammy; epigastrium tender on pressure, as was also the right illiac region, breathing labored and hurried, a burning and sense of weight in the stomach. After a few days the patients became dull and comatose, without any increase of the heat of the head. Shortly death closed the scene; out of eleven cases that I saw in 1844, seven died, notwithstanding the most energetic treatment that was adopted. I had Dr. J. P. Harrison called in; he was at that time Professor in the Medical College of Ohio, since dead, but in my opinion he had no superior as a practical physician. The treatment was calomel, ipecac. and opii, with effervescing draughts, &c. &c.: this was in 1844. In the fall of 1845, in September, the disease made its appearance again with increased severity. I was called upon to attend a number of cases again this *year*; having the issue of 1844 staring us in the face, I determined to break over the old and long received opinions of the profession; I did so, and notwithstanding all the symptoms were the same as those of '44, I used the lancet in almost every case I was called to see that year—the feeble pulse and cold extremities not debarring the use of it in my opinion, and results justified me in using it. Free and full venesection with ipecac. and the pulvis antimonials in conjunction with castor oil and spts. of turpentine, and after the stomach was quieted, five grain doses of quinine every three hours, until convalescence was established. This was the treatment of '45, and out of 38 cases there were eight deaths. The obstapation was very difficult to overcome, owing to the irritability of the stomach—this I have no doubt was the cause of the constipapation. In 1846 I went out as surgeon to a company of United States' troops ordered to take away a remnant of two tribes of Indians from the reserve lands of Indiana; we were stationed at a small town called Peru. Whilst riding over the reserve lands I encountered the disease in its most virulent form; the prostration was so great that a second chill

terminated in death. I omitted to state that in every case I saw there had been chills—at least a chill. I this season administered quinine in large doses, first denuding the epigastrium with caustic potassa, combining calomel with the first dose or two of quinine, and giving castor oil and turpentine to act upon the bowels with this treatment: I still had greater success than before, so much so that I have looked upon quinine as the sheet anchor in the disease, with the other auxiliaries pointed out.

In the description of this disease that I have given, it will be seen that I have described a disease that in a great many points resembles trembles, but is not the trembles, but a severe type of bilious, remittent fever, complicated with gastro enteritic symptoms. That disease is communicated by the use of milk, butter, beef and cheese, is universally admitted by all the Western world. That various reasons might be adduced to show that this poison is restricted to particular districts, will I hope be admitted. Numerous attempts have been made to trace this poison to its source; by some it is located in the water—by others in the earth, and by others in the herbage; but as yet it is a mystery.

It is a fact known to all medical men, that the Rhus toxicodendron when eaten by cattle is capable of producing a disease known as trembles. I believe this will not be caviled at by any man, but no experiment has yet been made to show how this is communicated to the human being; but that it is communicated will not be denied. In our country where two diseases prevail that so closely resemble each other in many points, it behooves the medical man to not only open his eyes but to use his judgment in diagnosing between diseases where so much similarity exists that mistake is of necessity fatal in its results. I will in my next communication try and draw a line between these diseases, so far as my observation and experience goes, as well as give a history of some cases of trembles or milk sickness.

I am, very respectfully, you most obt. servt.,

THOS. R. W. JEFFRAY, M. D.

Proceedings of Societies.

Proceedings of the Ohio State Medical Society at its meeting in Zanesville, June, 1855.

(From the Medical Counsellor.)

ZANESVILLE, O., June 5, 1855.

The Society convened in the Odd Fellows' Hall, a fine spacious room, at 9 o'clock A. M., and was called to order by the President, DR. CHAS. WOODWARD, of Cincinnati.

DR. HOLSTON, chairman of the executive committee, welcomed the members to the city of Zanesville, in a few appropriate remarks. He also presented a report upon the order of business in the Convention, which, after some amendments, was adopted.

The members of the committee on admision not all being present, the vacancies were filled by the appointment of Drs. J. Dawson and H. G. Carey.

G. Weaver was admitted as reporter for the Zanesville Courier.

The committee on Admissions recommended the following applicants for membership, all of whom were unanimously elected to membership in the Society:

Dr. W. D. Scarf, Bellfontaine; Dr. J. Helmick, West Zanesville; Dr. ——— Cochran, Sandusky; Dr. Z. F. Young, West Zanesville; Dr. Henry Speilman, Medina; Dr. E. G. Blackwell, West Zanesville; Dr. Thomas Brennen, Dayton; Dr. T. J. Mullen, New Richmond; Dr. Z. C. McElroy, Zanesville; Dr. R. W. Thrift, Kalida; Dr. W. Morehead, Zanesville; Dr. Jos. McCann, Irville; Dr. H. Culbertson, Zanesville; Dr. John Campbell, Uniontown; Dr. A. E. Bell, Zanesville; Dr. John Watkins, Fultonham; Dr. R. H. Sedwick, Zanesville.

Dr. S. H. SMITH moved the appointment of a committee to report permanent officers of the convention.

Dr. LAWSON moved to amend so as to dispense with the committee and proceed directly to an election by ballot.

He said he was opposed to the usual mode of electing officers, and was in favor of having persons voted for without the intervention of a committee. He was satisfied that it was the best mode and would save time.

The amendment was accepted by Dr. Smith, and the resolution passed.

Drs. Hempstead, Morehead, Holston and Lawson, were put in nomination for president. Dr. Morehead begged leave to decline.

The President appointed Drs. Baker and Smith as tellers.

The first ballot resulted as follows: Hempstead, 20; Morehead, 10; Lawson, 9; Holston, 6; Scattering, 1. There being no choice, and it having been agreed upon that, after the first ballot, the two highest only should be voted for, Dr. Morehead again requested that his name should not be used. The second ballot resulted—Hempstead, 24; Morehead, 21;—whereupon Dr. Hempstead was declared duly elected as president of the Convention.

The Convention then proceeded to the election of Vice Presidents, and it was agreed upon that those who received the four highest votes should be declared elected. The ballot resulted as follows: Morehead, 39; Hills, 26; Lawson, 24; Mount, 24; Carey, 23; Dorsay, 14; Cotton, 12; Scattering, 2. Drs. Morehead, Hills, Mount and Lawson were declared duly elected.

Drs. W. W. Dawson, and Hildredth, were elected Secretaries without opposition, and Dr. Crume Treasurer.

Dr. Carter, of Columbus, was elected Librarian, and Drs. Lawson, Dawson, Gaston, Ball and Henderson, as the standing committee on Admissions.

On motion of Dr. Hills, the delivery of the valedictory of President Woodward was made the order of the day for 2 o'clock P. M.

The Convention then took a recess, until 2 o'clock P. M.

AFTERNOON SESSION, 2 o'clock, P. M.

Dr. WOODWRRD in the Chair. Drs. Baker and Hills, in the

absence of a previously appointed committee, were requested to conduct the president elect to the chair, which duty they performed. Upon taking the chair, Dr. Hempstead, in a few appropriate remarks, returned his thanks to the Convention.

The order of the day was the valedictory address of Dr. Woodward. His theme was that of Ethics, generally, and the recent action of the National Association, in particular. He presented this matter to the Society as officially presented to him by the Secretary of that Association.

In a beautifully written address, the Doctor dwelt at some length upon this action of the National body, and said that it would be much better for the profession if most of the restraints established by what is termed the Code of Ethics, were removed. These shackles are not imposed on other professions, and it would be found much better if each member was permitted to be governed by his own sense of right. It was strange that such a dignified body as the American Medical Association should indulge in such hasty action. It would have been far better to have appointed a committee to confer with the Ohio Association, when the matter could probably have been adjusted after due consideration. He recommended an adherence to the original resolutions, and such action as would express to that Association our sense of the indignity he considered they had offered us in their proceedings.

By the suggestion of Dr. WRIGHT, who stated that other papers on the same subject would be presented to the Convention, the valedictory of the Ex-President was laid upon the table for the present.

By appointment of the President, the following members compose the committee on Medical Ethics: Drs. Baker, Kincaid, Lawson, Cotton and Gordon.

Dr. GORDON offered the following:

Resolved, That all papers to be read before the Society, during its present session, be presented by the title before its adjournment this evening.

Dr. S. H. SMITH gave notice of a paper, a brief essay on Medical and Mineral Waters, both natural and artificial.

Dr. GORDON gave notice that he would read a paper on Cholera.

Dr. HACKENBERG proposed to read a paper on the Douche.

The committee on Admissions reported for membership:

Dr. Isaac Hoover, of Barnesville.
" E. M. Buckingham, Springfield.
" A. L. Cass, Coshocton.
" H. Blackwell, Warsaw.
" Edward Cass, Dresden.
" W. C. Lenhart, Windsor.
" W. H. Scott, Shadeville.

All of whom were unanimously elected.

The reports of standing committees were called for, but none presented.

A communication relating to a very extraordinay case of Lusus Naturæ, together with Daguerreotypes, and a description of the same, wes received from Dr. Boerstler. (The same as reported in the March No. of the Ohio Medical and Surgical Journal.)

On motion of Dr. Hills, the Daguerreotypes were received and ordered to be deposited with the Librarian, and thanks returned to the donor.

The Finance Committee was appointed by the President, as follows: Drs. Morehead, Robertson, J. B. Thompson, Gard and Trevitt.

Dr. WRIGHT, from a special committee, appointed at the last Convention, to inquire into the expediency of revising the Code of Medical Ethics, made a lengthy and very *ingenious* report, in which irony, sarcasm and ridicule were freely commingled with arguments, and all hurled with great force upon the devoted code. He deemed a few of its provisions very good, but common place; others were ridiculous; while some were arrogant and assuming. The code was formed, no doubt, with good intentions; but there was no necessity of

any code. There was not enough for the good in it, and too much for the bad—who would use some of its provisions to enable them to carry on their evil designs. The great moral law was alone sufficient to guide every one who was fit to belong to the profession. He was desirous of action now. He did not believe in many rules. Some of the best societies have the fewest laws; while too much legislation has been the bane of others. He again expressed himself as decidely in favor of the abolition of the code of ethics, and concluded the report with the following resolutions:

Resolved, That the Ohio State Medical Society does not require the adoption of any code of ethics, as such, for kindness of intercourse, concert of action and scientific improvement—that the great moral code, declaring it our duty to do unto others as we wish others to do unto us, and our own sentiments as gentlemen, are sufficient for all proper professional and social intercourse.

The report and resolution were laid upon the table.

Upon a motion to make the report, together wtih the address of the ex-president, the special order for Wednesday morning at 9 o'clock, a somewhat lengthy and animated discussion took place, which was continued until the adjournment. It was finally carried.

Drs. Thompson, Baker, Lawson, Wright, Ball and others participated.

The convention then adjourned.

SECOND DAY—MORNING SESSION.

WEDNESDAY, JUNE 6, 1855.

Dr. HEMPSTEAD in the Chair.

The committee on Admissions reported the following candidates for membership, who were unanimausly elected:

Dr. Daniel Rusk, of Rousseau.
" C. C. Spencer, Cincinnati.
" Smith Bronson, Chester Hill.
" S. K. Dill, Waynesville.
" R. Chambers, Chandlersville.
" J. M. Green, Gratiot.
" T. A. Reamy, Hopewell.

The Treasurer made his report, which was referred to the committee on Finance.

The report and resolutions of the special committee appointed to inquire into the expediency of revising the code of ethics, together with the address of the ex-president, being the special order for this morning, were taken up, and after various motions, and a somewhat lengthy debate in regard to questions of order, a motion was finally adopted to bring the resolution accompanying the report, before the convention.

Prof. BAKER took the floor, and addressed the House at some length, in opposition to the resolutions. He objected not only to the argument in the report of the committee, but the manner in which it was written and delivered. Still, he desired to treat the committee courteously. It was an easy matter to throw ridicule upon any subject by adopting a peculiar manner of treating it. But so far as the code was concerned, it had been read, re-read, and had been received with favor by the profession. It was sensible. A few trivial matters might have been left out, if all whom it was intended to reach were intelligent men, but such was not the case, and so far as he was concerned, the code was satisfactory. It was not to be expected to be compulsory upon the people; if any one did not show proper respect to his attending physician, it was not expected that his mouth could be shut, but we can claim that the patient should treat his physician courteously, and if he will not do so, he cannot expect the physician to attend upon him, and in a case of that kind, the latter would be sustained by the profession.

Prof. B. dwelt at some length upon the various articles of the code, and concluded by picturing the evil effects which would follow its abolition. It would bring the faculty down to a level with empirics, and destroy the dignity and usefulness of the profession.

In regard to the action of the State Society, at its last session, he thought it to be wrong, and the sooner it retraced its steps the better. He conceived the code to be the Bible of

the profession in Cincinnati, and would be extremely sorry to see it mutilated.

On motion of Dr. WM. MUSSEY, speeches were limited to ten minutes each, and no one had a right to occupy the floor twice, except by way of explanation.

A motion for the previous question was made, but afterwards withdrawn, and a motion for the indefinite postponement of the whole matter was lost.

The previous question was again called for, but subsequently the motion was withdrawn.

Dr. MURPHY said he did not rise to discuss the question of ethics. That was unnecessary. He considered that the question before the convention was, whether the Society should have an existence after this meeting had adjourned. He was satisfied, after conversation with many members of the profession in various parts of the State, and especially with young men, that, if the action of the last session is not rescinded, a new society will be formed. If he had been a member of the late convention of the National Medical Association, he would have gone farther than it did. He would have made the Delegates from this State get down on their knees, and promise to rescind their action, and had it not been for the prudence and caution of our friends, this would have been done by the convention, instead of making its action prospective. The delegates should not have been allowed to take seats.

He said that he did not make these remarks in the way of a threat, but simply to say what would take place if this resolution was passed.

Dr. HILLS wished to remark that he was a member of the National Convention, and that their action in regard to this matter was not hasty, as stated, but was taken after full consideration; that as first presented to that body it was with misunderstandings; that he took occasion to correct them, which modified the feelings, and hence the action was made prospective instead of immediate. He cared not to reply to

the reflections in the report on the conduct of the representatives—the question now was on the abrogation of the entire code of ethics, and he felt that such an act would be disastrous to the Society—would practically dismember it, and be ruinous to the interests of the profession generally.

Dr. R. THOMPSON made a few remarks in favor of the resolution. He was of the opinion that any one should have a right to his own invention.

After he concluded, Dr. ——— called for the previous question, but it was withdrawn for the purpose of giving the chairman of the special committee an opportunity to close the debate.

Dr. WRIGHT then took the floor, and briefly replied to some of the objections urged against the resolution. He said he did not care how soon this Society would be severed from the American Association, if a connection with that body could only be held by being subservient to it. He considered the Society in Ohio superior to it, and at some time it might happen that they would be glad of our assistance.

So far as the language of the report and the manner of delivery was concerned, that had nothing to do with its statements or arguments. They were true or false, and his tone could not change their effect.

Men, without the code, would be governed by principle; now, the code governs them. For his part, he would rather trust to the honor of a gentleman than the regulations of the code. He, therefore, asked for its abolition, and if any location desired rules or regulations, they could frame a code adapted to their peculiar position. He regarded the system of ethics as mere twaddle, and was unwilling that the Ohio State Medical Society should humble itself and rescind its former action in order to gain favor with the American Medical Association.

The motion to adopt the report and accompanying resolutions of the committee was then lost by a very large majority.

The following resolutions offered immediately, by Dr. T. W. Gordon, were adopted almost unanimously, without debate.

. *Resolved*, That the resolution offered by Dr. Grant, (a member of this Society, and not at this, or at that time, a practitioner of medicine,) at the last session of this Society, which says "that it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or medical instruments," was offered at a time when many members of the Society had left for their homes, and was not, therefore, the sense of this Society.

Resolved, also, That said resolution is in direct opposition to the code of Medical Ethics adopted by this Society, and thererefore be it further

Resolved, That said resolution offered by Dr. Grant, and adopted by this Society be, and is hereby rescinded.

On motion of Dr. Murphy, the Society was instructed to forward to the Secretary of the American Association and to the Executive committee at Detroit, a statement of the action of this convention, and a copy of the resolutions rescinding those of last year.

A communication was received from the Faculty of Zanesville, inviting the members to a banquet at Nevitt & Dixon's Hall, this evening, which was received and *unanimously* accepted.

Also, one from the Messrs. Biandy, inviting them to visit their locomotive works.

After some other unimportant business, the convention took a recess.

AFTERNOON SESSION, 2 O'CLOCK, P. M.

Dr. HEMPSTEAD in the Chair.

On leave, Dr. MCELROY presented a paper on the propriety of abolishing wines and liquors at banquets, and concluded by offering the following resolution:

Resolved, That the State Medical Society request the Faculty of Zanesville and vicinity, not to introduce any wines or liquors at their proposed banquet to the State Society this evening.

Dr. LAWSON moved to refer the resolution to a committee with instructions to report at the banquet this evening. Lost.

The resolution was then rejected.

Dr. HOLSTON remarked that this vote was not to be considered as a decision, one way or the other, by the convention, but simply as to the propriety of guests making any request of their hosts as to what should or should not be put upon the table.

Dr. LAWSON, from the standing committee on the Practice of Medicine, made a report to the Society. The paper was lengthy, and only an abstract was given. It was a highly interesting report, treating upon the diseases of Ohio and their remedies, and will prove invaluable to the profession.

A lengthy and interesting debate sprung up, principally confined to the nature and troatment of typhoid fever, which was participated in by Drs. Smith of Columbus, R. Thompson, McElroy, Green, Kincaid, Dawson, Reeves, Murphy, Gordon, Crume, Smith of Piqua, Smith of Butler, and Lawson.

We should have been pleased to give the substance of the remarks made on this occasion, but they were not taken at the time, and cannot now be obtained.

The report was referred to the committee on Publication, with instructions to publish.

The committee on Admissions reported the following candidates for membership, who were unanimously elected:

Dr. B. F. Thrall, of Somerset.
" J. Axline, Fultonham.
" E. Vanatta, Lexington.
" Milton Green, Cambridge.
" John P. Tingle, "
" Vincent Haynes, "

The Finance committee reported back the account of the Treasurer, as correct.

A paper was received from the Medical Society of Athens, Morgan, and Washington counties, with a request to be ad-

mitted into the State Medical Society. Referred to the committee on Societies.

Prof. BAKER, from the committee on Medical Ethics, made a report on the subject presented at the last session, by the Drake Medical Society, in regard to the conduct of Dr. Maris, exculpating the latter, and accompanying it with a motion to publish. Adopted.

The convention then adjourned.

THIRD DAY—MORNING SESSION.

THURSDAY, JUNE 7.

On motion of Dr. MOUNT, the committee on Epidemics was continued another year.

The report of the committee on Phthisis was called for, but they were not ready. The same with the committee on Vital Statistics, and Prof. Crume asked for its continuance.

The President announced the standing committees as follows:

On Publication.—Drs. W. W. Dawson, C. C. Hildreth, L. M. Lawson, Hurxthall and Mount.

On Medical Societies.—Drs. Kincaid, Gordon, Maggini, Lawson, and J. Dawson.

The committee on Medical Ethics and Finance were heretofore announced.

As special committees:

On Surgery.—Drs. Hamilton, Dorsey and Hildreth.

On Medical Literature.—Drs. Trevitt, Mussey and Henderson.

On Practice.—Drs. S. M. Smith, Murphy and Hills.

On Obstetrics.—Drs. Marshall, Bonner and Dodge.

The special order of the day (report on medical Education) coming up, Dr. Mussey read a report upon the subject. Prof. Baker, in behalf of himself and Dr. Kincaid, presented a minority report.

A cursory but interesting debate sprung up, participated in by Drs. Thompson, Baker, Smith, Mussey, Gordon and others, when the subject was finally re-committed. The re-

ports were referred to the committee on Publication, with instructions to publish.

Prof. BAKER moved that the valedictory of the Ex-President be referred to the committee on Publication.

Dr. McELROY moved to amend by including the report of the committee on Medical Ethics.

The motion was laid upon the table, and on motion of Dr. Fisher, the resolution of Dr. Buckingham, naming Springfield as the place of holding the next Convention, was taken up.

Dr. Reeves	named	Columbus.
" Cochran	"	Sandusky.
" Hurxthall	"	Massillon.
" Jones	"	Toledo.
" Henderson	"	Mansfield.

The vote was taken upon making Springfield the place, and lost. Columbus was then inserted and the resolution adopted.

The motion in regard to the publication of the valedictory address, and the report on Ethics coming up, after a short debate it was carried unanimously.

The committee on Admissions reported Dr. T. McMahan, of Oakfield, as a candidate for membership, and he was unanimously elected.

Dr. S. H. SMITH then read a report on Mineral and Medicinal Waters, both natural and artificial. He was of opinion that too little attention had been paid to the analysis of mineral waters in this country, and those who needed their benefits, were not sufficiently acquainted with their properties. Some of the very best watering places in this country were made the haunts of fashion, intrigue and dissipation, and were not the proper places for invalids. It was true that those waters were sent throughout the country, but by decomposition and otherwise, they lost much of their efficacy.

Dr. S. then alluded to the artificial construction of these waters, having all the medicinal qualities of the natural, and keeping much better. It was an interesting theme, and the paper contained valuable information.

Dr. VANATTA offered a resolution, which was adopted, in regard to the manner in which physicians are frequently called upon by legal process, to give hasty opinions in cases of vital importance and without proper remuneration; the resolution asked for a law of the State to remedy these evils, by giving timely notice and a reasonable compensation.

Dr. GORDON read a paper on Epidemic or Asiatic Cholera; giving an outline of the causes which produce it, and, in his judgment, the best mode of treatment. Received and referred to committee on Publication.

The President announced the following committees:

Executive Committee.—Drs. J. Dawson, Maris, Trevitt, R. Thompson and Patterson.

Obituary Committee.—Dr. Hills.

Dr. W. W. DAWSON, remarking that materials in regard to obituary notices of members, had been accumulating for some time, moved that the committee report to the committee on Publication, the obituary notices of all who have died since the last report. Adopted.

Dr. CRUMB moved that the committee on Unfinished Business be called upon at each meeting to report, in order, the unfinished business of the preceding meeting, and that the Secretary read the report immediately after reading the minutes. Adopted.

Dr. GORDON offered a resolution to the effect that, unless such members of the Society as were indebted for dues, paid the balance to the Treasurer, they should be deprived of the privileges of membership. Adopted.

The amendments of Dr. Robertson, to the by-laws, proposed at the last meeting, were taken up.

The first proposed that Sec. 8 of Art. 2 should be so changed as to require the Treasurer to receive the initiation fee instead of the Secretary. Adopted.—Subsequently reconsidered and rejected.

The second amendment proposed that the Secretary be required to notify any member, who had work to do for the

Society, within two weeks after its adjournment, in order that he might be able to report at the next meeting. Adopted.

Dr. R. THOMPSON read a short paper on the valuable qualities of Nitrate of Silver, when inhaled in cases of disease of the lungs, and the manner in which it should be used. Referred to the committee on Publications.

The President appointed the committee on Unfinished Business, as follows: Drs. R. Thompson, J. W. Gordon, P. Crume, J. Dawson and W. W. Dawson.

On motion of Dr. HILLS, Drs. R. J. Patterson, J. Dawson and W. H. Mussey were appointed a committee, to report at the next meeting, upon Opthalmic Medicine and Surgery.

Dr. HACKENBERG read a very interesting paper upon the Douche. He exhibited to the Convention, drawings and an instrument, by which the application was rendered safe and easy. It was an able essay, and contained valuable information upon a subject which is comparatively new to the profession.

A report was received from Dr. Armor, chairman of the committee on Medical Literature, which was not read for want of time.

Both reports were referred to the committee on Publication.

On motion of Dr. W. W. DAWSON, it was resolved that the Convention approve of establishing such a "Bureau of Statistics" in the Secretary of State's office, as was recommended by Dr. Vattier, and that a committee, consisting of Drs. S. H. Smith, Hamilton and Hills, be appointed, whose duty it shall be to bring the subject to the attention of the next General Assembly of Ohio, and that every member of this body be earnestly and imperatively requested to use his influence with the gentlemen in the various counties in the State, who shall be elected to the Legislature next fall, and if possible so impress the importance of this subject upon them that they will be prepared to vote favorably upon the question.

On motion of Dr. BALL, a committee consisting of Drs. S. H. Smith, Morhead, and T. W. Gordon, was appointed to

report upon the propriety of adopting such preparations of medicine as would do away with the bad taste accompanying much of it.

The resolution was adopted in order to obviate many difficulties caused by the practice of empirics.

On motion of Prof. BAKER, a committee was appointed, consisting of Drs. Baker, Kincaid and Fisher, to collate the laws of the Society, and have them published in such a manner as to be easy of access.

On motion of Prof. BAKER, it was ordered that members who had papers for publication, should hand them to the Secretary, within two weeks after the adjournment, so that the Transactions could be published in a reasonable time.

On motion of Dr. HILLS, the amendment to the by-laws, requiring the payment of the initiation fee to the Treasurer instead of the Secretary, was re-considered, and afterwards indefinitely postponed.

On motion of Dr. MOUNT, a committee of three, consisting of Drs. Mount, M. B. Wright and J. Q. Oliver, was appointed to report upon Uterine Diseases.

On motion of Dr. GORDON, it was resolved that three delegates be appointed to each of the State Medical Conventions of Indiana and Kentucky.

On motion of Dr. GORDON, the thanks of the Medical Society were given to the executive committee and the Faculty of Zanesville and vicinity, for the cordial reception given to the members of the Convention.

The Convention then took a recess until half past one o'clock, P. M.

AFTERNOON SESSION.

On motion of Dr. GORDON, thanks were tendered to the officers of the Convention, for the faithful performance of their duties. Also, to the C. O. R. R. for the proffer of free return tickets. [We will thank, also, Dr. R. J. Patterson.]

Dr. HACKENBERG offered a resolution in order to discountenance the sale of empiric medicine. It provided that no

physician, who was, directly or indirectly, engaged in the business of an Apothecary, should sell patent medicines, without forfeiting his claim to the respect of the profession, or of membership in this Society. Adopted.

Dr. BRENNEN moved the appointment of a committee to report at the next meeting, upon a substitute for quinine. Adopted: and J. A. Coombs, Brennen and J. S. Taylor, were appointed said committee.

On motion of Dr. FISHER, the thanks of the Society were tendered to the Odd Fellows' Association for the use of their Hall. Also, to the proprietors of the Daily Courier, for reporting the proceedings of the Convention.

Delegates were then appointed to the American Medical Convention, the list of which is not now accessible, but will be given soon.

On motion, the Secretary was ordered to send copies of the Transactions to the American Medical Society, at Paris, to the American Medical Association, and to each State Medical Society in the Union.

Dr. KINCAID moved a re-consideration of the resolution in regard to druggists dealing in patent medicines, which was carried.

The resolution was then, on motion of Dr. Wright, postponed until the next meeting of the Society.

The Convention then adjourned.

Transactions of the Montgomery County Medical Society.

ANNUAL SESSION.—The "Montgomery County Medical Society," convened in the parlor of the Phillips House, Dayton, at 10½ A. M., May 3d, 1855; and was called to order by the President, Dr. John Haines. The minutes of the last regular and called meetings were read and approved. A desultory debate was sprung upon the Society, concerning certain persons whose names were attached to the constitu-

tion, but who never attended the meetings, or regarded the laws of the Association. The following resolutions, offered by Dr. J. A. Coons, were laid upon the table, viz.; that any member of this Association absenting himself from the meetings of this body, for a period longer than six months, shall forfeit his membership, without explanations satisfactory to the society can be given.

2nd Resolved, That any person failing to pay the regular dues or assessments of this Society, shall forfeit his membership, unless he gives sufficient reasons to the Association for his delinquencies.

Dr. J. C. Reeve gave notice that he would offer a resolution in the afternoon, to appoint a committee for the purpose of revising the Constitution and By-laws of this Society.

Upon motion, the Society went into the election of officers, to serve for the ensuing year, which resulted in selecting for *President*, JAMES CROOK, M. D.; *Vice President*, ISRAEL A. COONS, M. D.; *Treasurer*, JOSHUA CLEMENTS, M. D.; *Secretary*, LEVI D. SHEETS, M. D.

Censors, Drs. Wm. H. Lamme, H. G. Carey, I. A. Coons, A. Koogler, C. McDermont.

The Society adjourned until 2 o'clock, P. M.

AFTERNOON SESSION.

The Society was called to order by the president elect, Dr. James Crook. On retiring from the chair, the Dr. Haines expressed in warm and feeling terms, the great pleasure which he had realized in conducting the deliberations of the Montgomery County Medical Society, for the past three years. He was greatful for the indulgence which the Association had extended to him during his administration, and cherished lively hopes, that the future of the Society might be prosperous and mutually beneficial to the memberships. On motion, the thanks of the Association were extended to the retiring president, for the able, courteous and efficient manner in which he had discharged the duties of his office. The Secretary elect, Dr. Sheets, being in attendance upon the

American Medical Association at Philadelphia, Dr. Carey was appointed Secretary *pro tempor.* Drs. Wm. H. Lamme, Thomas Brennan and W. W. Stewart were elected delegates to represent the Association, in the Ohio State Medical Society for 1855.

The following resolution, of which notice had been given during the morning session, by Dr. Reeve, was read by the Secretary; *viz.*, That a committee of three be elected to revise the Constitution and By-laws of this Society, and report them for adoption at the next regular meeting. After being amended by Dr. Coons, by adding the words "and fee bill," after constitution and by-laws in the resolution, it passed. Committee, Dr. J. C. Reeve, H. G. Carey and L. D. Sheets.

The report of the Treasurer was then made, accepted and placed on file, by order of the Society.

Dr. Coons read a short paper upon the use of chloroform in dislocations; which gave origin to a protracted discussion, the latter being confined chiefly to the physiological and toxicological effects of the agent upon the human economy, and the pathological conditions, which when present, were most calculated to enhance the fatal influences of the anasthetic.

Dr. McDermont was continued essayist; Dr. Brennan appointed alternate. The Society adjourned, after a protracted and interesting session, until the second Thursday evening of June, at 8 o'clock, P. M.

H. G. CAREY, SECRETARY *pro tem.*,
Montgomery County Medical Society.

Hospital Reports and Reports of Cases.

COMMERCIAL HOSPITAL REPORTS No. 2.—*Result of six cases of Intermittent Fever treated by Nitric Acid* (under care of PROF. S. G. ARMOR.) Reported by R. L. REA, M. D., Resident Physician.

The interest manifested in the success of nitric acid as an

antiperiodic in the treatment of intermitent fever, has recently attracted much attention, and a confidence has been expressed in its therapeutic power, from sources which ought to be regarded as reliable, which will doubtless lead many to test the remedy. In order that others may be benefitted by the experience in the use of the remedy in the Hospital, I submit the following cases, which I condense from the Hospital Reports. They posses no peculiar interest further than as showing what reliance may be placed in nitric acid as an *antiperiodic.* We were careful, therefore, in selecting, as far as possible, uncomplicated cases, and such as were not likely to be prejudiced by the temporary omission of quinine, and as such, even in a *negative* point of view, may be of interest to the profession.

Case 1st.—Thomas B—, æt. 34, laborer, was admitted April 12. Was attacked with intermittent fever in July last, of the quotidian type, which has continued, with occasional interruptions of a week or two, until now; has had a paroxysm every day for two weeks past.

Present Condition.—Skin sallow, pulse 80, appetite good, bowels costive, sleeps well, tongue pale and moist, no evident enlargement of liver or spleen, no nausea or thirst.

℞ Ol. Ricini ʒj.
Ol. Terebinth. ʒj. m. sig. now.

13th.—Bowels moved twice from med., discharges natural: had chill yesterday at 4 p. m., followed by free vomiting.

℞ Nit. acid gtt. v.
Aqua dist. q. s. m. sig. every 5 hrs.

16th.—Has had a chill every day since last note, under the continued use of the remedy, but the paroxysms are growing much lighter.

17th.—Had no chill yesterday. Cont. med.

18th.—Had a very slight chill yesterday. Contd. med. From this time until the 26th, the paroxysms continued to recur every second day, notwithstanding the persevering use of the remedy.

℞ Fowler's solution ars. gtt. x, ter die.

He had but a single recurrence after commencing this prescription, and was discharged May 9th.

CASE 2d.—Patrick B—, brother of case 1st, æt. 32, laborer; sanguineous temperament; was admitted April 12. Has had intermittent fever since 1st of July last, of the tertian type. Has had the paroxysms arrested several times with quinine, but has had them every day for a week past.

Present Condition.—Pulse 108, compressible, skin hot and dry, tongue natural, abdomen tympanitic, and tender over epigastric region, very thirsty, appetite good, spleen somewhat enlarged and tender upon pressure, bowels regular, has slight cough, but no characteristic *Physical Signs;* no pain in chest.

℞ Calomel,
Rhei. pulv.
Dover " a a grs. v. now.

Follow in 6 hours by

℞ Ol. Ricini ʒj.

13th.—Bowels moved 4 times, discharges consistent and bilious, cough still slight and dry, appetite good, epigastric region remains tender; mustard applied to epigastrum.

℞ Nit. acid, gtt. v.
Aqua dist. q s. m. sig. every 4 hrs.

14th.—Had chills yesterday. Cont. med.

15th.—Had no chill yesterday, cough ceased. Cont. med.

This patient had no return of the paroxysms, and was discharged 23d of April.

CASE 3d.—William W—, æt. 22, laborer; bilio-nervous temperament, was admitted April 25. Had intermittent fever two months last fall; paroxysms assumed the tertian type two weeks ago, and have recurred regularly since.

Present Condition.—Tongue natural, appetite variable; bowels irregular in action, sometimes constipation and sometimes diarrhœa; pulse natural, sleeps well, eyes icterous, slight enlargement over region of liver.

℞ Ipecac. pulv. grs. ij.
Ant. tart. grs. ii. m. divide into 4 powders.
Sig. one every 15 minutes until vomiting is induced.

26th.—Emetic acted freely; acted also on the bowels; no chill yesterday.

℞ Nit. acid gtt. v.
Aq. dist. q. s. m. sig. every 4 hrs.
℞ Pill Hyd., grs. v at bed time.

27th.—No chill yesterday; general condition good; some appetite, no thirst.

May 3d.—Had a return of chill to-day.

℞ Sul. quinine grs. v. sig. every 4 hours.

4th.—No return of paroxysm, the patient was discharged 14th.

CASE 4th.—Joseph R—, æt. 26, laborer; bilio-lymphatic temperament. Was admitted April 25; has had intermittent fever for 9 months, been occasionally free from it for 2 or 3 weeks.

Present Condition.—Tongue coated yellow, moist; appetite good, pulse 100, thirsty, urine free and natural in color, bowels regular, no perceptible derangement of the abdominal viscera

℞ Nit. acid gtt. v.
Aqua dist. q. s. m. sig. every 4 hours.

26th.—Bowels moved; had chills to-day. Cont. med.

28th to May 5th.—Had a chill every day, followed by fever, notwithstanding the remedy was administered regularly, and the dose gradually increased. He was then treated with Fowler's solut. ars., which interrupted the paroxysms, and he was discharged May 19th.

CASE 5th.—John R—, æt. 46, laborer; was admitted March 27. Has had intermittent fever of quotidian type for nine days.

Present Condition.—Extremities edematous and painful, languid capillary circulation, pulse 84, rather weak, tongue coated dark yellow, bowels regular; no manifest enlargement of the liver or spl;een has some headache; has had no medical attention.

℞ Pill hydr. grs. ij.

Pulv. ipecac. grs. s s. fiat mas. sig. every 3 hours.

28th.—Had chill to-day; bowels moved twice.

℞ Nit. acid gtt. jv.

Aqua dist. q. s. m. sig. every 3 hours.

30th.—No chill since last note; bowels not moved for two days.

℞ Cast. oil ʒ j.

Spts. turp. ʒ ss.

31st.—Bowels moved freely; pulse, tongue and skin natural, some appetite.

Cont. acid.

April 4th.—Had a return of chill this morning; bowels moved four times in 24 hours; feels quite weak.

Sul. quin. grs. ij.

Pulv. Dover i. grs j. m. sig. every 2 hours.

This promptly arrested the paroxysm, and he continued to improve until 11th of April, when he was discharged, cured.

Case 6th.—Chas. Z—, aet. 19, shoemaker; sanguineo-nervous temperament; was admitted March 20; has been sick 14 days. Was attacked with ague, which has continued uninterruptedly until this time. His paroxysms occur about midnight, *every* night. About five days ago his chill, instead of passing off with fever and sweating, was followed by 5 or 6 copious liquid discharges from the bowels, and but slight fever.

Present Condition.—Lower extremities adematous and slightly discolored; urine free and high colored, tongue broad, clean and moist, bowels tender but not tympanitic; pulse 92, full, soft; no appetite, sleeps well, no enlargement of liver or spleen.

℞ Sul. quinine grs. ij.

Pulv. Dover grs. ijj. m. every two hours.

21st.—Had a chill last night, followed by 4 discharges; has fever, pulse 132, strong; tongue coated dark, head feels full and heavy, cheeks flushed.

Cont. med., commencing at 4 o'clock, p. m., alternating with neutral mixture, combined with v. in Ipecac.

22d.—Had a chill last night, but no diarrhœa; considerable fever this morning, tongue cleaner, no appetite.

Nit. acid gtts v every five hours, in sufficient water to be pleasantly acid.

23d.—Had no chill last night; bowels moved five times in 24 hours, nose bled freely, pulse 96, strong; tongue clean and moist; some heat of skin ;has headache.

℞ Cont. med. with the addition of ¼ gr. morphine at bed time.

25th.—Convalescent; has had no chills since 21st; diarrhœa ceased.

April 10.—This patient has had no return of paroxysm since the commencement of the use of the nit. acid. He was attacked, however, at the date of last note, with inflammation of the lymphatics of right leg, for which he is now under treatment in the surgical ward.

May 10.—This patient had return of chills to-day; he is still in surgical ward.

It will be seen by the report of the above cases, which are very briefly given, that the treatment by nitric acid was not followed by that success which has been recently claimed for it by its advocates. We selected the cases from a large number in the Hospital as affording the best test of its therapeutic power, and with the earnest hope that we might be able to verify the experience of others, but careful observation of its effects at the bedside has disappointed these hopes. In some combination, however, nitric acid is largely used in the Hospital as a mild and pleasant tonic during the period of convalescence of the intermittent and remittent forms of fever, and especially in those cases in which there is evident hepatic torpor, and in which, from general anœmia, constitutional debility, or other causes, mercury is contra-indicated; but as a reliable *anti-periodic* our observation, thus far, has led us to distrust its powers.

Reviews and Notices.

A Practical Treatise on the Diseases, Injuries, and Malformations of the Urinary Bladder, the Prostate Gland and the Urethra. By S. D. Gross, M. D., Professor of Surgery in the University of Louisville; one of the Surgeons to the Louisville Marine Hospital; Member of the American Philosophical Society; Author of "Elements of Pathological Anatomy," "A Treaties on Foreign Bodies in the Air-passage," etc. etc. Second Edition, Revised and much enlarged. With one hundred and eighty-four Illustrations. Philadelphia; Blanchard & Lea, 1855.

The first edition of this valuable work has been exhausted, and its success in gaining the warmest approval of the profession has encouraged its author to issue the present edition, with many additions, both of text and Illustration—making by far the most comprehensive and complete monograph, on the diseases of the urinary organs, extant.

In the first four chapters of the work, the anatomy of the perineum, urinary bladder, prostate gland, and urethra, are examined with great care, minuteness and accuracy. The fifth chapter treats of the "nature and composition of the urine." The importance that recent research has given a knowledge of the composition of the urine, and its various changes under the influence of disease, gives to this chapter a peculiar interest, not only to the surgeon but to the general practitioner. The formation of calculous deposits in the bladder, is a very small part of the evil that arises from a perverted or vitiated secretion of the urine, and an acquaintance with its deviations from a healthy standard is essential to an enlightened course of practice. We therefore, invite the attention of the profession, especially, to this chapter, as being replete with valuable information on the subject of which it treats.

Throughout the succeeding portions of the body of the work, the diseases and injuries of the bladder and accessory urinary organs, are considered with a fullness, accuracy and minuteness, sufficient to satisfy the most enquiring and interested surgeon.

The work is written with much care and must have cost the author a vast amount of labor to accumulate and arrange such a fund of facts.

It is printed on good paper, in clear, well defined type, and illustrated with the finest wood cuts that the art of engraving can produce.

For Sale by H. W. Derby.

Essays on Infant Therapeutics; to which are added, Observations on Ergot; History of the Origin of the Use of Mercury in Inflammatory Complaints; together with the Statistics of the deaths from Poisoning in New York, in the years 1841–2–3. By JOHN BECK, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons, of the University of the State of New York, &c., &c. Second Edition, Enlarged and Revised. New York: Samuel S. & William Wood, 261 Pearl Street, 1855.

This is an excellent little work, of one hundred and sixty-eight pages, from the very highest authority. The distinction between the Infantile and Adult constitution is accurately pointed out. The good and evil effects that arise from the use or abuse of opium, emetics, mercury, blisters and blood letting in the young subject, are especially dwelt on.

Some valuable hints are given in the appendix on the use of ergot in parturition, and its effects on the fœtus. "Ergot effects the child injuriously in one of two ways; by the continued tonic pressure of the uterus on the fœtus so long as to arrest its circulation—or by the poison becoming absorbed into its system. If the child is not delivered in less than two hours after the administration of the ergot, it will be in most instances still-born."

The teachings throughout this little book, are eminently sound and practical, abounding in admonitions that should be studied and remembered by every person who directs the management of suffering infants. For sale by MOORE, WILSTACH, KEYS & Co.

The Pathology and Treatment of Leuchorrhœa. By W. TYLER SMITH, M. D., Member of the Royal College of Physicians; Physician Accoucheur to St. Mary's Hospital; Lecturer on Midwifery and Diseases of Women, in St. Mary's Hospital Medical School, &c., &c. Philadelphia: Blanchard & Lea, 1855.

Much has been said and written, on the diseases of the vagina and cervix uteri, by recent authors and teachers; but, as our author justly remarks, the tongue and the pen have not been sufficiently sustained by rigorous examinations of the phenomena and nature of the morbid changes, that have been so fully discussed on paper, and from professional chairs.

To remedy the errors and evils arising from this hasty, verbal, pen and ink science, W. Tyler Smith commences his investigations

with an elaborate, patient and minute examination of the "Anatomy of the vagina and the os and cervix uteri," and the secretions that are thrown off from those parts in a state of health. He brings the structures and secretions under the most rigid scrutiny of the microscope, and the best chemical tests. After having clearly defined the true condition of health, he passes on to morbid changes—brings his microscope and chemical tests to bear upon them in all their varieties; thus laying a broad and deep foundation for an enlightened and successful practice.

It would give us much pleasure to follow the work through, and indicate the points where the investigations of Dr. Smith have completely upset the favorite doctrines of some of the most eminent and popular writers on those diseases; but our space is too limited to do the subject justice; so we must be content by earnestly recommending the book to the careful perusal of all who desire a thorough acquaintance with that troublesome, and often perplexing, class of affections. For Sale by H. W. Derby.

Progress of Medicine.

On Vomiting During Pregnancy. By M. M. Pallen, M. D., *Prof. of Obstetrics, &c., in the St. Louis Medical College.*

Vomiting during pregnancy is most usually a harmless malady. About the fourth or sixth week, the stomach becomes deranged, and in the morning the lady makes efforts to vomit, or vomits sufficiently to evacuate the stomach. After some little time the feeling of discomfort passes on, and she is as well as usual. These attacks are renewed every morning for a period, varying from six to nine weeks, and then gradually subside. Some do not vomit at all—some vomit during the last months of pregnancy, and some suffer in this way in the first months or latter months, during the night only.

It sometimes happens, however, that vomiting during pregnancy is a most serious malady, and terminates fatally. In a discussion in the *Academie de Medicine,* Dubois stated that in the course of thirteen years, he had met with twenty fatal cases. Professor Stoltz, of Strasburg, states that of four cases which came under his notice, three died.

A fatal case of vomiting in pregnancy was lately reported by Dr.

Buckingham to the Society for Medical Observation in Boston. "A young woman, twenty-six years old, was married on the first of June. On the 10th of the same month she missed her catamenia; on the first of July, she had nausea and vomiting, which continuing, she sent for Dr. B. on the 7th of August. At that time, she was unable to retain any food, the vomiting being almost constant. On the 12th, she had yellowness of the skin and conjunctiva. The matter vomited was not bilious, though the urine and saliva were loaded with bile; no pain or symptoms of inflammation about the liver; for ten days she vomited without cessation. On the 20th, she was wandering—matter vomited, grumous, dejections involuntary. After this date, she vomited more rarely, and on the 24th she died. The indications of pregnancy were perfect. No autopsy was permitted—every mode of treatment was made use of. Dr. John Ware, who was called in consultation, gave an unfavorable prognosis, and said he had seen two similar cases in one family." (*Boston Medical and Surgical Journal*, Vol. LII. No. 7.)

I could cite other cases which are reported, but these are sufficient to show the occasional gravity of the affection. Three fatal cases have occurred under my own observation. The first case occurred several years ago. The woman had been vomiting during the two last months of pregnancy—she was exceedingly prostrated when she fell in labor. The pains continued ineffectual for twenty-four hours, when I was sent for—I found her with a pulse of 140, and very feeble—I delivered her with the forceps, but she sank in a few hours.

The second case occurred in the practice of a medical friend. I saw her in consultation. She died after a month of vomiting.

The third case, was a lady, who commenced vomiting about the sixth week of her pregnancy. For three weeks she threw up almost every thing she took in her stomach; after that period her pulse increased in frequency, rising up to 100 in a minute; she complained of dimness of vision, and was unable to sleep at night. In the course of a week more, the pulse increased to 120; the dimness of vision increased, there was a ringing noise in her ears; mild delirium, and continued insomnolency. During the whole of this period there was obstinate constipation, no alvine evacuations unless procured by medicines. These symptoms continued to increase for a fortnight, when she died. During the last two weeks, however, she was able to retain some food on her stomach. The treatment pursued, consisted of such mild cathartics as could be tolerated by the stomach, very small doses of calomel being best retained, enemata, and counter-irritants to the epigastric region, with the use of such remedies which sometimes allay vomiting, as the effervesing draught, lime water, creosote, &c., &c.

During the month of October last, a lady from a distance came to St. Louis, to consult me about her health. She stated that some

two years before, she became pregnant with her third child; that she had suffered a great deal from nausea and vomiting, from about the eighth week of pregnancy to the seventh month, when she had a miscarriage and was very ill. In a short time after that she again became pregnant and suffered in the same way, until the fifth month, when she miscarried, and was so ill that her life was despaired of. Since which period her health was very bad; she complained of pain in the lumbar region, pain in the hips, sometimes radiating down the thighs, a bearing sensation when she walked about, leucorrhœal discharge, and irritability of the bladder; she had a feeling of weight in her stomach after taking food; her skin was sallow, and she was incapable of much exertion.

Examination per vaginam, detected an enlargement of the cervix uteri, with an abrasion of the epithelium all around the os, and extending into it, which was fissured, and had the *appearance* of being granulated, and was patulent. Supposing that her ailments arose from the inflammation, and its consequences, of the neck of the womb, I advised her to put herself under the treatment of her medical attendant at home, but she preferred to return to St. Louis. In about a month she came back, and I commenced the treatment of her case. Two weeks after her return she missed her catamenial flow, and became very much alarmed lest she should be pregnant. In about two weeks more she commenced vomiting, and her husband and she became very desirous that I should produce an abortion, as they were sure she could not live through her present pregnancy. I determined however to wait. In the first instance, I was not sure she was pregnant; and secondly, if she were, the urgency of the symptoms then did not require any such mode of procedure. She missed her catamenia again, and the appearance of the nipples, and the presence of kiestine in the urine determined the existence of pregnancy; her vomiting became so excessive, that she could not retain cold water on her stomach; she had fever during the greater part of the day, and was getting so weak that she could not conveniently set up. Every thing which I tried to alleviate her sufferings did no good, and I determined to bring on abortion. I tried the douche as recommended by Kiwisch and Tyler Smith; at the same time using the galvanic battery. These were persevered in for about a week, without producing any effect. I then gradually dilated the os uteri by introducing a sponge tent into it—every day inserting a larger piece during five days—at the expiration of this period I could introduce my index finger into the cavity of the womb. Sixty grains of ergot in infusion or divided doses were now given, and the abortion took place without any hemorrhage. The vomiting ceased immediately, and the treatment for the uterine disease being resumed, she returned home in the latter part of February, quite restored to health.

Vomiting during pregnancy does not depend on any inflamma-

tion of the stomach. It is a reflex action from the irritation in the uterus; thus, where death of the ovum takes place, whether it be expelled immediately or not, the vomiting ceases, clearly showing the connexion between the two. Moreover post mortem examinations have failed to detect the morbid appearance of inflammation in the stomach.

In a case quoted by Churchill, from the London Lancet, it is stated, no morbid appearance was observable in any part of the body. Two cases are also quoted, which were reported by M. Dance, Hotel Dieu, in the *Reporter*. In one, it is stated, "no lesion could be detected in the stomach, except a slight reddish tint in the mucous membrane." The whole of the intestinal canal was sound. In the other, there was red and softened spots near the cardiac orifice of the stomach; but we can readily enough understand that such spots occur independently of inflammation.

Obstinate vomiting during pregnancy not yielding to medical treatment, and terminating so often fatally, suggests to us at once the propriety of inducing abortion. The question arises, however, in every case—when are we justifiable in doing it? or are we justifiable in doing it at all? I have some friends, whose opinions I respect, who contend that it should never be undertaken. They say that the destruction of the ovum is an evil, and that religion requires that we should not do evil, even that good should come of it. I think that this is too restricted a view of the matter. It is better that the nonviable ovum, or even the viable fœtus should perish even by our hand, to save the life of the mother, than tamely to stand by, and let both perish. This, I believe, is the voice of the profession in Great Britain, France, Germany, and in the United States.

Being satisfied then as to its propriety, the question is, when should it be done, and what is the safest method? All are agreed that it should not be performed as long as there is a reasonable hope that the life of the mother can be saved without a resort to the operation. The question to determine is, when are we obliged to give up such a hope.

M. Dubois in the discussion already referred to, laid down the following rules: Never to perform the operation where the signs of extreme exhaustion are present, as evidenced by considerable loss of vision, cephalagia, comatose somnolence, and disorder of the intellectual faculties; "because," says he, "we should not save our patient, but perhaps accelerate her death, and bring discredit on the operation." Of the propriety of this rule, there can be no doubt, and for this reason I did not bring about abortion in the third case I have related. Again, he says, "we should also abstain from operating when the vomiting, though violent and frequent, still allows of some aliment being retained; when the patient, though wasted and feeble, is not obliged to keep her bed; when the suffering has not yet induced intense and continuous febrile action;

and when other means still remain untried"—because we should sacrifice a pregnancy which ought to be saved. According to him, there is an intermediate period that should be chosen, which is characterized by the following signs: 1st. Almost incessant vomiting, by which all alimentary substances, and sometimes the smallest drop of water, are rejected. 2d. Wasting and debility, which condemn the patient to absolute rest. 3d. Syncope, brought on by the slightest movement, or mental emotion; a marked change in the countenance. 5th. Severe and continuous febrile action. 6th. An excessive and penetrating acidity of the breath. 7th. The failure of all other means.

These rules, although in the main good, are liable to some objections; sometimes the food is retained in the stomach for a few days, and then the vomiting returns as bad as ever; sometimes a portion of the food taken in the day is retained, yet the case goes on to a fatal termination; sometimes, although the wasting and debility show well enough the untractable nature of the affection, the patient can set up a portion of the day, until she is so extremely exhausted, that she would fall in that situation, when according to his own rules, the operation would fail to save her life. There is danger of waiting too long, as then the patient would die, either from the effects of the previous disease, or because she would be too feeble to undergo the operation.

The results of M. Dubois' practice seem to prove the truth of this assertion—of four cases, in which he operated, three died. Professor Stoltz lays great stress upon the operation being performed in good time, because if we wait until the effects of the sympathetic re-action constitute in themselves a serious disease, the evacuation of the womb does not induce a cessation of these, and may, in certain cases, even hasten death. It is difficult to lay down any particular rules to guide the practitioner in undertaking this most responsible operation. The experienced physician can generally judge how far he can rely on the efforts of nature and therapeutic means. But I imagine that when the patient retains so little food that she becomes daily more feeble and emaciated, when the pulse permanently increases in frequency, getting up to 100 or more, and when all other means fail to relieve the nausea and vomiting, we are justifiable in operating, without waiting for further symptoms.

I now come to the consideration of the best method to procure abortion when the operation has been decided upon. Various means have been proposed:—

1st. The administration of ergot.
2d. Detachment of the membranes.
3d. Puncturing the membranes.
4th. Electricity.
5th. The uterine douche.
6th. Dilatation of the os and cervix uteri.

Ergot is very uncertain in its operation, although it will, undoubtedly, sometimes stimulate the gravid uterus at full term to powerful contractions, yet it often fails at that period. In the early months it is not to be relied upon at all—it would be too much to deny that it fails altogether in the early months, as the evidence is sufficient that it has succeeded; but the success is too unfrequent to justify our confidence in it—as an adjuvant to other methods it ought to be tried; that is to say, when other means have set up uterine action, it will have occasionally a decided effect.

The detachment of the membranes in the first three months is a method not without danger. Moreover, it is sometimes difficult, as the womb is not altogether under the command of the instrument. Again, the operation has been performed without effect.

Puncturing the membranes is far more certain, it always brings on labor in a few days. But in the early months, say in the first fourteen weeks, it is difficult to perform, and certainly very hazardous. It is true, it is done often, without any risk, but the annals of medical jurisprudence give many cases of fatal result. The same has occurred in legitimate practice. Dr. Tyler Smith refers to a case of a patient who died after the performance of the operation, in whom, the internal iliac artery was found to be punctured.

Electricity is a safe method, but it totally failed in the case I have reported. I have on several occasions referred to the power of electricity in stimulating the uterus in tedious labor, but it does not seem to have the same effect in bringing on abortion in the early months; that it has done so there can be no doubt. Dr. Ashwell relates a case, in which it was used in supposed amenorrhœa, and the patient being pregnant, abortion occurred.

The uterine douche was first proposed by Professor Kiewisch of Wurtzburg. It consists in directing a stream of warm water from a height by means of a syphon, continuously upon the os uteri. Dr. Tyler Smith has modified the operation by alternating warm and cold water. In a case, in which he successfully employed it, labor being brought on in sixty-four hours, the following method was adopted.

A piece of India-rubber tube, above eleven feet long, and half an inch in diameter, was connected with a straight tube from an injecting apparatus, five or six inches in length, the latter forming the uterine extremity of the syphon. A vessel containing two gallons of water of about 110° Fah. was placed nine or ten feet from the ground, the patient being placed in an empty hip-bath; the proper end of the tube was now passed into the vagina, and directed towards the os uteri, where it was held steadily—after exhausting the tube, the other extremity was placed in the warm water, the stream immediately began to flow with considerable force against the os uteri, and continued until the whole contents of the vessel had been discharged. Two gallons of cold water were then poured

into the vessel and discharged in the same manner; five applications of the douche were made at intervals; the patient was within three weeks of full term. I tried this method in the case already referred, and it failed. Will it produce abortion in the early months?

Dilatation of the os and cervix uteri has been objected to, as likely to lead to peritonitis; I think on insufficient grounds. It was the method with which I succeeded; pains were induced, and then ergot being given, the effect was produced without accident. I can readily understand that in the latter months of pregnancy where there is considerable obliquity of the uterus, it would be difficult to reach the os uteri—under such circumstances the douche might be preferable.

There are cases of such urgency, that it would be proper not to wait for the slower method of dilatation, or of the douche; the patient may be seen when it is necessary to arrest the vomiting, and its co-existing symptoms immediately. If she has passed her fifth month, the proper method would be to puncture the membranes; by discharging the liquor amnii, it is found, the vomiting will cease even before the delivery of the fœtus.

To sum up. In the early months, if the operation be indicated, the method I would adopt would be gradual dilatation of the os and cervix uteri by means of sponge-tents; if the symptoms were urgent I would also try the douche, galvanism and ergot. In the latter months, say after the seventh month, I would rely on the same means, as by such we are more likely to save the life of the child, than if we were to puncture the membranes, and discharge the liquor amnii. If at any time subsequent to the fifth month, the case required immediate relief, and there was danger in delay, I would puncture the membrane, and discharge the liquor amnii.

Editorial.

COMMERCIAL HOSPITAL.

It gives us much pleasure to be able to state, that this noble charity is now in a most flourishing and prosperous condition, under the management of the present efficient Board of Infirmary Directors.

Mr. Lyle, the gentlemanly Steward, seems to make it his study, to be courteous to visitors and humane and kind to the unfortunate inmates of the institution under his care; and there is a spirit of harmonious co-operation pervading the entire management, with the medical and surgical attendants, in carrying out the benevolent objects for which the Hospital was founded.

This institution rests on the interest of both the State of Ohio and the city of Cincinnati, and may be considered as the *reality* of a great idea, originated in the brain of the illustrious Drake. Although, in the extent of its walls and completeness of its accommodations, it is yet far from the wants of the greatly increased and increasing population of our city, yet in being devoted forever, by a provision in its charter, to the object of medical and surgical teaching, it must be looked upon with pride, and cherished as an invaluable prize, by all the lovers of medical science. It is an enduring and beautiful monument, commemorating the wisdom and forethought of its philanthropic founders.

There are now many improvements in progress, soon to be completed, that will greatly promote the economy of the house and the comfort and health of the inmates, such as new water closets, ventilators, bathing rooms, thorough whitewashing and painting the walls and floors, &c. &c., all of which give promise of greater success in the management of disease.

The Marines that were driven from the Hospital two years since, by the spirit of Vandalism that then ruled its managers, are now by an act of the government returned to its peaceful wards.

This arrangement with the U. S. Government for the care of the Marines, together with the determination on the part of Infirmary Directors to send the sick of the city to the Hospital, instead of sending them to the Poor House, as was done by Capt. Ross, will place from twelve to fifteen hundred patients in the wards of the Hospital in the course of a year; making the most ample field for Clinical investigation.

The Clinical instruction, is exclusively under the control of the Faculty of the Medical College of Ohio, but the students of all other regular medical schools will be admitted on the same terms as the students of that Institution, with the exception that two resident Physicians will be chosen, each year, from the graduating class of the former College, who will be paid for their services sufficient for their board and clothing.

PUGNACITY OF THE MEDICAL PROFESSION.

A disposition to general warfare seems to pervade the ranks of the medical profession. Cincinnati appears to be almost the only city of note that is enjoying a state of "brotherly love," and even here an occasional ripple steals over the placid surface of the river

of our affection. But really, Cincinnati is a badly slandered place. After all the hard things that have been said of her abroad, we venture the assertion that no city of her size can boast of a more courteous, respectful, and dignified class of medical men. It is true that the temptations of *place* often lead men to aspire for positions beyond and above their *merit;* but this is just as true of a hundred other places as it is of Cincinnati. It is also unhappily true that we have material that should be *sloughed off* from the body of the profession, in order that it may regain its healthy tone and vigor; but what city the size of our own is free from such *gangrenous materials?* If we wait patiently, the *vis conservatrix* will form the "line of demarkation," and the ugly slough will disappear.

But we must be permitted to repeat that, all things considered, we are a peaceful, if not a happy people; and if we will all be content to submit *our claims* to the test of *merit*, and quietly "bide our time," our city will continue to be an *exemplar* to our brethren, both East and West, of the courtesies, dignities and amenities of professional life.

It pains us, however, to allude to the troubles of our more unfortunate neighbors. There is Dr. Watson's reclaimer and Dr. Hamilton's rejoinder on the subject of Elkoplasty; Prof. Draper's difficulty with Dr. Reese, of the *American Gazette*, New York; most ferocious attacks have also been made on poor Dr. Green, for introducing injecting pipes into the trachea of his patients; and with the coolness of a philosopher, the Dr. rejoins, taking for his text, "Out of thine own mouth will I judge thee." Then comes the savage war of Dr. W. L. Atlee upon Henry H. Smith, M. D., for publishing "erroneous statements in the *Medical Examiner*, concerning a case of Gastrotomy," &c. The good natured Prof. Miller, of Louisville, has got Dr. Lee, of London, by the ears, and is giving him an unmerciful *lugging*, for advocating erroneous views on the subject of the ulcerations of the os and cervix uteri. We have also to chronicle Dr. Buchannan's war with Agassiz, on the unity of the human race; and our Michigan friends are quite irritable on account of the effort of the Legislature of that State to form an unnatural and unholy alliance between legitimate medical science and the dreamy speculations of Homœopathy.

From these and other evidences, we fear that the "war feeling" has largely taken possession of our brethren; but while "some love

to roam," and others love to fight, we felicitate ourselves that peace prevails in all our borders; and that, to all appearance, Cincinnati has a bright, a prosperous, and *peaceful* medical future before her, that she has not had for many years before.

☞ We invite the attention of Medical Students, and their advisers, to the cards of various medical schools that will be found on our advertising sheet, and especially to those of the Medical College of Ohio, and her young and vigorous rival, the Miami Medical College. In both, it will be noticed, that some slight changes have been made since last session.

In the Ohio Medical College, by the resignation of Prof. Tom O. Edwards, Prof. J. Graham is placed in the chair of Materia Medica; and the chair of Surgery, made vacant by the resignation of Prof. A. Evans, will be occupied by Prof. George C. Blackman, of New York.

In the Miami Medical College, Prof. J. Davis takes the place vacated by Prof. John Avery.

So we can assure students that they will find in our city ample facilities for acquiring a thorough medical education; and we cordially invite all to visit us in the fall, and decide for themselves which school to attend.

The Medical Counsellor, or Weekly Gazette of Medical and Physical Sciences. Edited by R. Hills, M. D., at Columbus, Ohio, makes its appearance regularly among our exchanges. It is published weekly, and in beauty of type and quality of paper it competes favorably with the best journals of our country. It is edited with energy, ability and spirit, with an "eye, single" to the advancement of the interests of the medical profession.

The Medical Counsellor is always welcome to a place on our table, and we bespeak from the profession, for its editor, that encouragement which his merits deserve.

☞ We have received from S. S. & W. Wood, Publishers, 261 Pearl Street, New York, a neatly bound Catalogue of the Medical Books for sale at their establishment. Copies will be sent, *free* of postage, to applicants in any part of the United States.

☞The following numbers of the Western Lancet are wanted at this office, for which we will pay fifty cents per No., either in money or in credit on subscription to our Journal. Nos. 2 and 11 of Vol. III; No. 2 of Vol. IV.; No. 2 of Vol. IX.; No. 2 of Vol. XI.

☞Subscribers who make remittances by mail, (whether their letters are registered or not,) will please to give us notice if they do not find a receipt for their money in the next issue of the Lancet. All communications must be addressed to "*T. Wood, M. D., Editor of the Western Lancet.*"

Miscellaneous.

Sulphate of Bebeerine in Diarrhœa.—Dr. Mathews, of Manchester, strongly recommends the use of the sulphate of bebeerine, as a remedy in severe cases of diarrhoea. He regards it as almost a specific, its effect in some instances being magical. In the short space of half an hour he has seen a patient restored from intolerable anguish to perfect ease by its use. After a few doses of calomel and opium, he recommends the following: sulphate of bebeerine twelve grains, sulphuric acid and rectified ether, each twelve mimims, cinnamon water six ounces; of which one ounce is to be taken every four hours.

Treatment of Irritable Stomach in Phthisis.—Several very pleasing cases, illustrative of the good effects of hydrocyanic acid and bismuth in the treatment of irritable stomach in phthisis, have recently been under observation among the out-patients at the City of London Hospital for diseases of the Chest. The patients had been long subject to nausea and attacks of vomiting, and were quite unable to retain cod-liver oil on the stomach, very often rejecting also ordinary food. The mixture prescribed consisted of three minims of the hydrocyanic acid and ten grains of the trisnitrate bismuth made into draught with mucilage and green-mint water, and taken thrice daily. By its aid several patients have got quite rid of their troublesome stomach symptoms, and are now taking the oil easily and with benefit. The class of cases best suited for this treatment are those in which the tongue is generally clean, and in which the disease is undue irritability rather than disordered function.—*Med. Times and Gaz.*

On Ulceration of the Frænum of the tongue in Hooping Cough. By Dr. Gamberini. (Annal. Univ. de Med., 1854, and Archives Gen. de Med., Fevrier, 1855.) The very frequent existence of little ulcers on the frænum of the tongue in hooping-cough has been noticed by two or three observers. Since 1844, Gamberini has looked for its presence in all the cases seen by him; he finds it generally, but not always, present, even in the most severe cases; the ulcer has seldom a round form; usually it lies transversely across, and cuts the frænum; it may be placed on the inferior surface of the tongue, near to, but not on, the frænum; it is never preceded by a vesicle, but commences at once as ulcer. Gamberini thinks this ulcer is produced mechanically, by the projection and laceration of the frænum against, and by, the teeth during the violent paroxysms of cough; it is in those cases in which the tongue during the cough is not carried against the teeth, but is retracted somewhat towards the pharynx, as sometimes happens, that the ulceration is absent. If the incisier teeth are of unequal height, the ulcer exists only, or is deepest, at the point where they project most. In one case, in which the teeth had not appeared, there was no ulcer. In other cases of convulsive cough, Gamberini has not found the ulcer, but he does not regard this as militating against his explanation of its origin.

Decoction of Mullein Leaves as an Anti-Periodic.—Dr. McCrary, of South Carolina, states in the Southern Medical and Surgical Journal, that he has found the decoction of mullein leaves equal to the sulphate of quinine as an anti-periodic. He takes two ounces of the leaves to a quart of boiling water, and boils until it is reduced to one quart. Of this, four dessert spoonfuls is given every two hours, commencing early in the morning, and repeated whenever the paroxysm is expected.

On Chlorosis simulating Phthisis. By Dr. Rilliet. (Archives Generales de Med., Fev. 1855.—Among the various forms of chlorosis is one little known, remarks M. Rilliet, which is accompanied by fever and grave functional derangement; it bears, in fact, a very close resemblance to phthisis. Thus, a young lady consulted M. Rilliet, with a diagnosis from her ordinary attendant that her lungs were profoundly diseased. The affection had commenced with dyspepsia, gastralagia, gradual diminution, and, at last, cessation of the catamenia, dyspnœa, pallor, and great prostration; then cough, with expectoration formed of sahiva, and greyish fœtid sputa; then hæmoptysis came on, and speedily profuse sweats, rapid wasting, and the other more obvious symptoms of consumption. The physician in attendance declared that there were unequivocal signs of tubercles at the apex of the right lung. After learning these particulars, M. Rilliet thought it scarcely necessary to examine the chest in order to confirm the diagnosis. He did so, however, and, to his astonishment, was not able in any way to find the slightest physi-

cal evidence of tubercular deposition. He satisfied himself, in fact, that the physical signs must have existed only in the imagination of the medical attendant, who, too much impressed by the general state, had believed he heard that which would explain it. Unable to find anything in the lungs to account for this state, M. Rilliet examined the abdomen; here he found a tumor, over which he heard a placentral murmur—in fact, the young lady was pregnant. This did not account for all the symptoms, however, but, on inquiry, he found the patient had been very chlorotic, and was evidently so, even at the time, to a considerable extent. He concluded, then, that the pregnant state, and the moral condition it necessitated, had combined with the general chlorotic condition to produce symptoms simulating so strongly those of phthisis. The result of the case completely confirmed the diagnosis.

In this instance, the existence complicated the case, but M. Rilliet goes on to refer to other simply chlorotic cases, with the same apparent spmptom of phthisis. When the case is recognized, it is necessary to disregard the cough, the night-sweats, &c., and to refer only to the cause, and for this cause iron is the remedy. A great objection exists in the minds of many physicians—Trousseau among the number—to the use of iron in tuberculosis. "Iron," says Trousseau, "augments, to a frightful extent, the accidents depending on tuberculous cachexia." Yet iron (with, of course, moderate exercise, and plenty of good air and food) is the only remedy for the simulated phthisis of chlorosis. Hence the necessity of an accurate diagnosis.

North London Medical Society. March 28. *Mr. Erichsen read a paper on Laryngotomy.*—At 2 a. m. of the 22nd February last Mr. Erichsen was called to a gentleman suffering from acute laryngitis. The disease had first manifested itself early in the preceding morning, and had been attended by considerable dysphagia, followed by intense dyspœa, which although treated previously most actively by Dr. Greenhalgh and Mr. Day, had, by the time Mr. Erichsen saw him, assumed a most alarming character. Mr. Erichsen proposed laryngotomy, but the patient refusing to submit he contented himself with scarifying the epiglottis; this was attended with some temporary relief, but the re-accession of danger necessitated operation, after which the patient made a good recovery.

Mr. Erichsen expressed his preference to laryngotomy over the kindred operations of treacheotomy on the following grounds: (1.) From the inutility of opening the air-passages further away from the seat of disease; (2.) From the superior safety of laryngotomy, the cricothyroid membrane being nearly subcutaneous plexuses which in the asphyxia are overgorged with blood, and thus delay the operation when its immediate performance is most required; (3.) The greater rapidity of the operation generally. In illustration of the importance of this point the following cases were related:

Mr. Erichsen was called about six years ago to an elderly woman in a state of suffocation from old laryngeal disease. She had fallen back, to all appearances dead; Mr. Erichsen at once opened the larynx, performed artificial respiration, and, in a few minutes, animation returned, and she made a good recovery. This patient wears the larynx-tube to this day, inflammatory products having occluded the air-passage above. A point of some physiological interest is, that the power of distinct speech is retained notwithstanding the close proximity of a foreign body to the vocal chords.

Mr. Erichsen was called to a woman in the last stage of aspyxia, from acute laryngeal disease. There was not a moment to lose; she was purple in the face, breathing in spasmodic gasps, with a loud stertor, in a state of semi-unconsciousness—in a word, dying. On the first incision a quantity of dark blood escaped from the distended veins, and in the pause that ensued she fell back apparently dead. Mr. Erichsen, without delay, opened the cricothyroid membrane, inserted the tube, and attempted to inflate her lungs through it, but, to his distress found that the windpipe was obstructed somehow; Mr. Erichsen, on the spur of the moment, did not hesitate to apply his lips to the bleeding wound, and suck out a quantity of inspissated mucus and blood, and after he had thrice got out a mouthful, the patient began to breathe, and is, at the present moment, in good health.

After an animated discussion, in which Dr. Tunaley, Mr. Hainworth, and Mr. Filliter took part, the Society adjourned.

The Cholera at Messina in 1854.—Dr. Webster having recently alluded to the dreadful outbreak of cholera which took place at Messina in 1854, it may interest our readers to be furnished with a few particulars concerning it, derived from a graphic sketch in the *Gazette Medicale* (1855, No. 7.)

The cholera of 1837, which had committed such ravages in Palermo, and other parts of Sicily, completely spared this large and handsome city. In 1849, too, Messina, as well as the rest of Sicily, escaped the epidemic which occurred in various parts of Italy. While in 1854 the disease became established in Marseilles, committed ravages in Genoa and Naples, and began to show itself in Palermo; the Messinese, relying upon the healthy position of their town, and the wisdom of their quarantine precautions, were rocked in a false security. The authorities, as is the wont of official persons, paid little attention to the execution of what was most urgently required, and would not admit the reality of the precursory signs that occured. A practitioner, who declared early in August, that he had seen cases of cholera among the poor, was enjoined silence, and, failing obedience, was imprisoned! Up to the 18th of August, it had made little progress; but, after the 22nd, it was unmistakably present, and soon became terrific. From the 24th to the 25th, from 400 to 500 died, and the deaths still continued to

increase. Every one who could, now fled, and the administration became disorganized. Of 80,000 inhabitants, but from 35,000 to 45,000 remained, and these were the prey to the most dreadful agony and discouragement. None left their houses, and the sick died unattended, the unburied bodies encumbering every place. On the 28th and 29th September, the deaths were estimated at from 1,200 to 1,300 per diem. Burial could not be obtained, for the porters, who were paid enormous sums to carry the bodies out of the town, pillaged them, and left them in the streets. Cemeteries did not exist, as the Messinese, never having suffered from epidemics, buried in the churches. The military, sent from Palermo, at last completed this task. A great number of the inhabitants lived in great misery and poverty, and they were the first to suffer; and the deaths in the 35,000 or 40,000 of the population amounted to 8,000 or 10.000. Of the 212 foreigners, English, French, and German, 87 died. Notwithstanding the favorable conditions as regards lodging, dress and food, 600 from among 4,000 died in the garrison. The summer of 1854 had been very hot, and without wind; and it was during the great heats that the disease commenced and increased. On the two days of greatest fatality, 1,300 and 1,400 deaths occurred. After a considerable rain in the middle of September, they amounted to only 15 or 16 a day. More women than men perished, and some of the convents were nearly decimated. Few children suffered. The flying people carried the disease to the vicinities, and even the most healthy places were attacked.

In connection with the foregoing account, and illustrative of the enigmatical history of the cholera, we may refer the reader to a very interesting account of the outbreak of an attack in a provincial district, furnished by M. Lelut, (*Gazette Medicale*, No. 8.), who fortunately happened to be on the spot. It occurred in the village of Gy, placed on a hill at the commencement of the Jura mountains. The situation was beautiful and most salubrious, and the place seemed in good hygienic conditions. The cholera, having already committed great ravages in other parts of the Department of the Haute Saone, began its attacks at Gy. On the eve of the 6th August, 1854, 16 people died, and in the course of the day a like number. In a population, reduced by flight to less than 2,000 souls, this was the same as if Paris had lost 15,000 inhabitants in one day. The deaths increase each day to 25, 28, 30, and 34, and the religious services had to be discontinued from sheer inability to say them. As far as medical attendance was concerned, it seems to have been admirably organized by M. Lelut. Some spacious rooms attached to a *hospice* were converted into a cholera hospital; and although the worst and poorest cases were brought here, here it was that the greatest number of recoveries occurred. The patients expressed their delight at the freedom of respiration they enjoyed here as compared with their own close abodes.

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EDITED BY T. WOOD. M. D.,

PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO.

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Original Lectures, Essays and Communications.

A new mode of treating Hernia by Scarifying the Inguinal Canal, read before the Covington Medical Society, June the 4th, 1855. By F. MAJOR, M. D.

Hernia, Mr. President, is a disease which has afflicted the human family from a point of time in the history of our race, dating far back into the remotest periods of antiquity.

The disease was known in India and Persia, and was graphically deliniated by a learned Thebian when he invoked the power of Royalty in Egypt, to remove from that devoted city "an evil spirit which worked through the bodies of men, and coming out at the lower part of the belly, descended into the testes, thereby producing griping and colicy pains, and rendering the male organs uncomely and of enormous size.

At a later period we have intelligible accounts of this disease, by Actius and Celsus, Greek physicians, who not inappropriately called it Ernos, which signifies a branch, from its protruding out of its place or course.

At a still later period the disease has been more accurately and circumstantially detailed by European and American Surgeons, who have entered into such minute anatomical and pathological descriptions, as to render any special history of the normal or morbid appearances unnecessary and supererogatory.

The existence of Hernial tumors are now so frequent, that one in every eight is supposed to labor under the malady, and as the ailment is one which speedily terminates in death, or exposes the sufferer to constant uneasiness, it is not surprising that it has elicited and received so large an amount of professional consideration.

The statistics of Hernia in the general, exhibit a mortality of one in four in strangulated cases. In strangulated Inguinal Hernia, one in three; in Femoral Hernia, one in seventeen; and in Umbilical Hernia, one in seven.

These estimates have been taken from the tables of Mr. Henry H. Smith, formerly, assistant lecturer on demonstrative, but now Professor of Surgery, in the University of Pennsylvania, and whose access to the hospitals, as well as an extensive private practice, gives to his opinions a very high consideration, both in and out of the profession.

The same author has also asserted, that very few permanent cures succeed to the operation for strangulated inguinal hernia, that a majority of those who *do* recover, have still to wear supports or trusses, and that a great many who have been relieved in early life, have had the disease to return again in after years, upon any sudden exertion, and sometimes without any obvious or known cause whatever.

I am aware that some cures have resulted from the adhesive inflammation, brought about in reducible cases, by the long continued pressure of Stagner or Stagnoid trusses; but this method of treating Hernias is one of the most uncertain efficacy in many instances, and even when it does succeed, is tardy and indefinite as to time.

The tincture of iodine has also recently been heralded to the world by M. Jobert, of Paris, endorsed by the sanction of the Academy of Sciences, as a remedy of permanent and radical efficiency in the cure of hernia, in from twenty to thirty days.

The operation of Gerdy was successfully practised more than a quarter century ago, and although the cure was com-

pleted in ten days by this simple and practical method, there are but few now in this progressive state of the profession who advocate or practice the Gerdian operation.

There have been, and are, other methods of treating hernias, each of which has had its friends and supporters, and each has fallen, with how much justness I will not say, into merited or unmerited unnotice.

I propose now, Mr. President, to introduce to the Society, so far at least as is known to the writer, a novel method of no uncertain or dubious application in the treatment of hernia; an operation plain and simple in itself, sure, certain, and so far as I have employed it, unfailing in its results.

The treatment of hernia by accupuncture, or by scarifying the inguinal canal, will be better illustrated and understood perhaps, by relating the following cases:

Mr. T. S., who resided a few miles from Paris, sent for me on the morning of the 10th May, 1845, to see his son, an intelligent youth, aged 19, who had worn a variety of trusses for the relief of an inguinal hernia of four years duration, and which had been brought about by jumping from an embankment of twelve or fifteen feet in height, with a gun upon his shoulder, while in the pursuit of game.

When I arrived at the residence of his father, I found the young man in a violent paroxysm of mental and bodily anguish, suffering severely from tenesmus of the rectum, sharp and lancinating pains in the abdomen, nausea with a sense of fullness and oppression, occasional eructations, and mucobilious vomitings. The pulse at this time was firm and somewhat quick.

I proceeded at once to apply the taxis, after emptying the bladder and the rectum, and at the expiration of one hour found all my efforts to reduce the hernia, null and unavailing.

The retching, restlessness and anxiety was now even greater than at first, and as time was imminent, I hastily bound up his arm and bled him *animi defectio;* and while in the state of syncope, renewed my exertions to reduce the tumor by taxis

manipulations, these latter efforts however, proved as inefficient and nugatory as the former.

I now directed pounded ice to be applied, and an injection of tobacco ʒi. to the pint of water; this was followed by a degree of narcotism truly alarming; but when I applied my hand again upon the hernial protrusion succeeded in reducing it almost without effort or force.

As soon as Mr. S. was sufficiently restored to engage in his ordinary pursuits, he called on me in company with his father, and requested that I would *cure him*. He was dismissed with the promise that I would undertake to treat his case in a few days; in the meantime, I examined all the authorities in my library upon hernia, and conceived the idea of scarifying the inguinal canal. For this purpose I had a needle made by Mr. Snyder, measuring four or five inches in length, the tip slightly curved, flat, and sharp at the extreme point, resembling in some respects a shoemaker's awl, the larger end being secured in an ivory handle.

With this instrument in the right hand, the index of the left as a guide, the nail covering the point, I passed it up from the bottom of the scrotum in front of the cord into the inguinal cavity, having now withdrawn the finger which guided the instrument, I pressed the needle through the scrotal integuments, and by the aid of the fingers of the left hand externally, succeeded in passing it into the spermatic canal.

I now commenced a very careful rotary movement with the needle, gradually withdrawing it in such manner as to puncture or scarify the entire canal, until it passed again into the scrotum and was finally withdrawn.

A compress and bandage was now applied, and was worn for two days, by which time the inflammation and pain was such in the canal as to require their removal. On the 4th day there was considerable tenderness and slight tumefaction, which began to subside on the fifth, from which period I had the satisfaction of witnessing the improvement from day to day, until the patient finally pronounced himself well and free

from all embarassment, on the tenth day from the time the operation was performed.

The next case was a spare, raw boned, delicate negro, of nervous temperament, and smooth skin, aged 22, belonging to Mr. K., who had been ruptured on the right side for eighteen months.

When called to treat this case, after placing the boy in position, I gathered up a fold of the skin between the thumb and fingers of the left hand, assisted by the late Dr. Ingles, who raised the opposite end of the fold in the same manner, and by this means elevated the integuments from the subjacent parts. Then with a sharp pointed bistowry incised the fold, cutting in the direction of the inguinal axis through the superadherent structures into the spermatic cavity.

The bistoury was now exchanged for the needle used in the former case, which in this instance was provided with a canula, so constructed as to slide back about two lines; thus guarded, the point being directed upwards, was carried within the spermatic canal, when the canula was drawn back, and the scarifying completed as in the case first reported, taking care to avoid as much as possible the puncturing, or cutting upon the track of the cord. When the needle descended to the point of entrance, it was directed downwards for a short distance; and having accomplished the work of scarification in that direction, was withdrawn.

A compress was applied and kept *in situ* for eight days, when it was removed and the patient discharged.

In September, 1846, Patrick Connor, an Irish emigrant, was treated for a hernia of six months duration, in the same manner, and with the same results, as in case No. 2. In December of the same year, he died of Typhoid fever, and leave being obtained, a post mortem was made. The glands of peyer exhibited signs of inflammatory action, with ulcerated patches on the colon.

Upon examination, the upper portion of the inguinal canal was found to be obliterated for the space of one inch below

the external abdominal ring, leaving at the most dependent portion of the canal, a cul de sac, that would admit the point of the finger.

It must be born in mind, Mr. President, that all three of these cases, were cases of reducible hernias, without adhesions, or other obstruction to the return of the bowels; and all three of the cases go to prove the great principle, or pathological truth, that whatever will produce adhesive inflammation may be regarded as a *sine qua non* in the treatment of hernia.

I need only to add, that in the fall of 1853, I met Mr. S. at the Bourbon County Fair, and learned from him *personally*, that he had not been troubled with any symptoms of his old complaint.

I may also further state, that the son of Mr. K. visited this city about six weeks ago, and in a conversation with him I learned that case No. 2 died of Pneumonia in June of last year, without ever having any signs indicating the return of hernia.

On the use of Blister in Fever, By G. VOLNEY DORSEY, M. D., Piqua, O.

To handle with judgment and skill the remedies now in our possession for the cure of disease, is an attainment far more desirable, than the discovery of new therapeutic means. In the use too of every active remedy, it is highly important that such rules should be adopted with regard to the time, mode, and frequency of its application, as may lead us to obtain the greatest possible amount of benefit which can be derived from it.

While every practitioner admits that blisters exert a powerful influence over diseased action, and while also they are very generally used in fevers, it is undoubtedly true, that there is no class of remedies whose application is made with so little judgment, so little precision, and so thoroughly at random. One reason for this is perhaps, to be found in the fact that in

most, or indeed I might say in all of our works on general practice, we look in vain for any direct or specific rules for their use. In some excellent works they are entirely overlooked as a remediate measure, in febrile diseases, while in others a few sentences of very general remarks, embrace all that is said of their use, effects, or mode of application. Hence many young men come into practice with no precise or definite ideas of the ends to be accomplished by blistering, or the rules to be observed for attaining these ends. With many their use is supposed to be confined principally to obviate local determinations, by creating contra-irritation and unless plain and obvious indications in this respect, arise for their application, they are entirely omitted, others admitting their power of acting on the general system, yet seem to be aware of the existence of no rule by which we can be guided in their use, or to know that by observing certain directions their value and power as remediate means, may be increased many fold.

In the first place then blisters are exceedingly valuable in fevers as a general remedy, independently of any local affection. Fever results from a loss of the proper balance of the various systems of the animal economy, which is always found in health. The action of particular systems is increased or diminished, or deranged in such wise as to throw the human machine off from that nicely regulated course which it persues when left uninfluenced by any disturbing causes. As a general rule, we find in fever the action of the circulatory system increased, while that of the absorbent, exhalent and secretory systems is proportionally diminished. Every means then is valuable which can contribute to restore the proper balance between these. The functions of the nerves are doubtless primarily diseased, as is manifested by the deranged sensation indicated by the feeling of chilliness which so often prevails while the skin is unnaturally hot; pains of the head and bones, nausea and disgust at the idea of food, and the

general feeling of *mal aise*, which is found to prevail at the accession of febrile attacks.

The application of blisters often answers a valuable purpose by exciting to healthy action the deranged nervous system, at the same time that the skin is also brought into a better state by the direct influence of a stimulus applied to its proper surface. The first direct action of blisters, may hence be said to be excitant, acting particularly on the nervous radicles, located in the skin, and perhaps principally on that third system of nerves which has lately been so forcibly brought into notice, by the researches and experiments of Marshall Hall, and which doubtless exercises a very great and important influence on the animal economy, whether in health or disease. But not only the nerves, but all the capillaries located in or immediately beneath the cuticle are subjected to the same stimulating action under the application of visicatories, and hence the action of the skin as anexhaling and secreting surface, is also increased, or restored, if it had been temporally suspended, and thus the whole system in a great degree equalized. Now this fact should teach us an important lesson in the application of these remedies. Epispastics being in themselves excitants, and stimulants, their application is of course to be avoided as far as possible when the system is in a state of undue excitement, and such other means are to be resorted to prior to their introduction as may seem to bring about a state propitious for their use. This rule so obvious and so seldom transgressed by any judicious practitioner, in the phlegmasia is yet unfortunately by no means observed with sufficient attention in their use in ordinary forms, yet it is assuredly no less important in the one case than in the other. Let us see then how we are to proceed in order to gain all the beneficial effects of these stimuli, and at the same time avoid any injury. More or less periodicity, is observed in all cases of fever. Even in those which are most constant and continued, we can still preceive the slight morning remission and the evening exacerbation and

these periods should be our guides in the application of blsters if we would gain all their beneficial effects. A blister applied so as to be in full process of drawing, about the time when the exacerbation, or increase of fever may be expected to commence, arrests it with as much certainty as quinine cuts short an intermittent, while if we neglect to observe this proper time or make the application incautiously, so that the blister does not begin to draw until the exacerbation arrives at its hight, we not only lose a great part of the benefit to be expected from its use, but we often increase the violence of the paroxysm and the suffering or even danger of the patient. By observing this rule, blisters may be made to exert an important action as antiperiodics, causing them to produce their effect like other stimulants, in the interval or remission of the disease. Hence blisters should in fevers generally be applied from three to seven o'clock in the morning.

The great difference between blisters and other counter-irritants, consists in the fact of their two fold action, primary and secondary, as irritants and then as depletants, when we have no need of this secondary action, the mustard is a better irritant than cantharides, and when there is but slight necessity for any discharge from the surface, the use of ice water cloths after the sinapisms will frequently answer all the purpose of blistering. But the value of this secondary depletory action is not at all confined to cases where there is local inflammation, its effect is no less marked in general fever. The effect of unloading a portion of the capillaries, and setting up a local drain, acts as a relief to the appeased nerves, and restores frequently in a truly wonderful manner the equilibrium of the whole system. But in order to gain this benificial action from blisters we must carefully time their application, and conform it to the period of the disease.

The use of blisters as revulsives, when there is a disposition in febrile disease to locate on any particular organ, is nniversally acknowledged, and yet their mode of action, the pecular efficiency of that action, and the manner in which it

thus controls not the local affection merely, but the whole course of the febrile disease, is by no means fully appreciated.

The application of blisters to the extremities when determination to the brain is threatened, is now known to be more effacious than the old mode of applying them to the scalp, and is even frequently much more effectual than laying them on the nape of the neck, which immediately succeeded the former practice. If we choose the time when there is some didiminution in the febrile excitement, and open our drain on the extremities, or merely begin then to produce counter-irritation then we affect at once the circulation, as well as the nervous extremities located in the skin, and gain thereby very important results. Many of these results are due to the sympathy which belongs to continuity of membranes. The skin in fever is parched, and its functions as a secreting and absorbing surface, are to a great extent temporarily suspended. The powerful effect of visication, restores this over a limited extent of surface, and sympathetic action restores it over the whole cuticle, hence we often see the free discharge of serum under the action of blisters, followed by perspiration from the whole cutaneous surface, and this once established, the overloaded and irritated blood vessels resume their wonted quiet movements, the nerves are calmed, congestion about important viscus as the brain, lungs and liver is removed, and soon the whole system regains its healthy action. Such are frequently the effects of blisters judiciously applied in fevers.

Although we have lived down the Broussaian doctrine of gastro-enterites, as the sole active cause of fever, still gastric derangement, and that too, located in the mucous membrane holds an important rank in the list of deranged actions found in fever. Without even embracing that large division of our autumnal fevers, very well classified under the head of *gastric* remittents, and in which this symptom holds the very first place, we can safely say that we do find in all febrile attacks a very considerable degree of irritation of the mucous membrane of the stomach. No fever continues long without being

characterised by a tongue more or less furred or otherwise abnormally marked, or by thirst, or by a peculiar feeling of emptiness about the precordia, or by parching of the lips, or loathing of food, or constipation of the bowels, all of which symptoms make functional derangement of the stomach and neighboring viscera. Slight tenderness over the region of the stomach and duodenum or liver, is not unfrequently another signal of the internal difficulty existing at this point and may indeed chance to be the only one present. But by whatever symptoms we may be enabled to recognise the existence of this local derangement, its removal constitutes an imporatant link in the series of curative means to be used in order to restore a healthy action to the system. And here permit me to remark *en passant* that a low grade of deep seated inflammation in the mucus membrane of the duodenum is a complication of our bilious fevers much more common than is usually suspected. A patient will have a sharp attack of fever which after two or three days pretty active treatment in the way of emetics or cathartics, cooling diaphoretics, etc., appears very nearly to subside, and we expect in a day or two to see the man resuming his ordinary occupation. However on making our morning visit he tells us he has not rested very well during the night, has had some thirst and an uncomfortable feeling about the stomach, thinks that on the whole he is not quite so well as the preceding day. We examine his pulse, but there is no indication given of fever, or any thing wrong, we look at the tongue but it gives no satisfactory reply to the inquiry as to what causes this feeling of discomfort. Look to the conjunctiva of the eye, there is a very slight yellowish appearance beginning to develope itself, open the shirt and examine closely the skin of the breast and stomach, there is again a very slight sallow appearance deep down under the cuticle, just showing itself in the rete mucosum,—well you say the liver is torpid and you order a couple of blue pills or ten grains of hydrarg cum creta to be carried off with castor oil or senna tea and flatter yourself that

next morning the skin will be all right and your patient again convalescent. Next morning he is of a bright orange hue and if you continue giving mercurials and goading the liver to increased action, he will become a dark mahogany color, and hiccup and death will close the scene.

The fact is you have made an error in your diagnosis, the liver is not *torpid*, but is secreting bile as freely as is proper; but the bile is not thrown off by the natural channel, the gall bladder and all the biliary vessels are distended; and the reason for all this is, there is inflammation of the mucous lining of the duodenum and the common choledoch duct, at all times so easily disposed to reguigitation, from its anatomical structure, now refuses to transmit bile through its mouth into the intestines. Mercurials only stimulate the liver to increased action, and fill to absolute repletion the already distended vessels. Now here internal remedies judiciously applied are of course to be regarded as very important, and are by no means to be neglected; but with all these, and in aid of their action, as well as on account of the effect which we have seen above, they are capable of producing, both on the local disease and the general system, the application of blisters will be found the great and only really successful measure. They are absolutely indispensable in such cases as that I have delineated; but in every case of prolonged fever, the application of an epispastic over the stomach and region of the liver and duodenum, will be found of great use in averting danger and bringing about a resolution of the febrile symptoms. There can be no doubt that many cases known as congestive, and which by long continuance wear down the patient into a typhoid state, and even too frequently pass on to a fatal termination, might be arrested in their course, by the timely application of blisters to the pericordial or hepatic region. An unfortunate degree of squeamishness often exists among practitioners in regard to blisters, and we often hear the expression that a patient is not ill enough to be blistered, when in fact, many days of painful and lingering disease

might be saved, and an immense amount of suffering and even danger averted, by the use of this single remedy.

In all cases of fever, especially, if much prolonged, we are almost certain to find a train of anomalous symptoms, not easily referable to any special derangement, or indicative of any particular lesion, or readily controlled by any peculiar remedy; yet in these symptoms we find blisters more than any one class of remediate measures especially useful. Most of these symptoms are more or less connected with disorders of the nerves, more especially those nervous radicles located in the skin, and where resides the power of sensation. The direct action of vesicatories on these nervous extremities, restoring their proper action by unloading the capilliaries, produces a wonderful effect in controlling a host of unpleasant symptoms connected with deranged sensibility, and which can only be very indirectly reached by any other means.

The last effect of blisters to which at this time I desire to call attention, is in the power they possess of inducing tolerance of certain articles of medicine and especially tonics. Broussais was entirely right in saying, "that we live in an age, when the fear of debility induces a prodigal use of stimulants, often to the injury of the health, or even danger of the life of the patient." Under the debilitating effects of fever, by which we see our patients day by day wasting away, we always feel anxious to commence the use of remedies calculated to restore strength so soon as they can be borne without injury. But the irritated condition of the mucous membrane of the stomach often foils us in our attempts to introduce tonics, even when the prostrated condition of the system seems plainly to indicate their use. This is especially true in regard to quinine, in our low fevers the most valuable of all our tonics. We frequently find its use producing heat, flushed face, increased pulse, and general uneasiness; and yet we feel that if a proper tolerance could be established, it would be just the medicine we would desire to administer. In such cases, the application of a large blister over the region of the

stomach, often acts like a charm, in producing the desired tolerance, all the unpleasant symptoms disappearing at once, leaving us free to administer the remedy and derive from it all the good we expected, without any of the concomitant evil. This beneficial effect is undoubtedly due to the unloading of the vessels of the mucous membrane, produced by the discharge from the cutaneous surface, enabling them to take up freely the medicine introduced, and distribute it through the system, instead of permitting it to lie for hours in contact with engorged and irritated absorbent vessels, which from their state of repletion, are totally unable to perform any farther labor.

In conclusion, let me say one word on the size of blisters; an important matter connected with their use. Very many practitioners fail to derive satisfactory effects from blisters, simply owing to their defective size. Inasmuch as the primary action of vesicatories is on the nerves and capillary vessels located in the skin; and as it is frequently desirable to unload these by a discharge of serum from the surface, it follows of course that if there are no contra indicating circumstances, our blisters should be large in proportion to the effect we wish to produce. It is utter folly to apply a blister three or four inches square to the epigastrium of an adult, or two by four inches to the lower extremities; we are only torturing our patient for no corresponding benefit. The pain of a blister is not proportionate to its size, that of a large one being as a general rule, little or no greater than that of a small one, while the benefit is certainly many fold greater. Let our blisters then be always of ample size and carefully applied at the proper period of the disease, and we shall be seldom disappointed in their effects.

The production of strangury is one of the unpleasant attendants of blistering, but it is at the same time an evidence of the constitutional effect produced; showing the absorption of the cantharides into the general circulation, and its elimination through the kidneys; and when it occurs in

cases of fever, we can predict with much certainty that we are about to derive all the benefits which we anticipated from the use of the remedy. Strangury may generally be readily relieved by the use of opiates; but as these medicines too frequently interfere materially with the free action of the secretory system, which it is intended to bring about by the use of blisters, it will be found in many cases better to omit their use, and trust the relief of this unpleasant symptom to copious dilution by large draughts of mucilaginous drinks, and the application of warm fomentations to the pubic region.

These remarks on the subject of blisters in fever are offered to the profession, not as containing all that might be written on the subject, but embodying some valuable hints on the use of an important remedy, by attending to which its curative efficacy will be found to be materially increased.

A Singular case of Trismus in connection with Fever, By O. C. GIBBS, M. D.

Several years ago I was called to see a patient laboring under trismus, the subsequent history of whose case presented some peculiarities that, to me, were new and interesting. I believed at the time,—though trismus was the symptom that alarmed the friends,—that this was an hysterical accompaniment of a low form of fever, and subsequent reflections have not changed my diagnostic opinion.

Dec. 29th, 1850., (6 P. M.) was called to see Miss G. aged 17 years. I found my patient in profound coma, from which it was impossible to arouse her; the jaws were firmly closed and could not be opened by any justifiable force; the pulse was considerably accelerated, but not hard; the face was pale, exhibiting no flush of excitement or fever; and the respiration was tranquil, so much so as to be scarcely perceptable. The history of the case, as given by the mother, was as follows: She commenced menstruating regularly in the morning; has been quite regular in her catamenial secretions for

the last six months; she had a chill about noon, complaining of considerable pain in the head and back; took her bed soon after, and gradually passed into the present state. About a year ago she was quite irregular in her menstruations, and twice I had been called to her in decided hysterical paroxysms.

Typhoid fever was prevailing to a limited extent in the town; but, from the present symptoms and my previous knowledge of the case, I at first supposed the symptoms to be of purely hysterical origin.

The treatment was commenced by employing the cold douche. I poured cold water upon the head, in a steady stream until slight convulsions came on, but without relief to the trismus or coma. I then ordered an assafetida enema, with sinapisms to the feet. As soon as the trismus gave way, I directed an aloetic cathartic to be given, and succeeded by the following:

℞. Spiritus Ammonia Aromaticus	ʒiij.
Tinctura Valerianæ	ʒvj.

Mix. dose two teaspoonsful every three hours.

Dec. 30th, Evening.—Coma and trismus had passed away; the patient was sensible but listless; countenance inexpressive; pulse more frequent; tongue coated with a white fur at its edges; yellowish brown through the center. There was occasional vomiting; the bowels had not moved, and no urine had been passed since the commencement of illness. I ordered six grains of calomel to be given immediately, to be followed by a wine glass full of the black draught every two hours until the bowels move. As soon as it could be prepared, a warm hip bath was directed to be taken, and after the operation of cathartic the following was advised:

Pul. Ipicac	gr. vj.
" Opi	" xv.
Carb. Soda	" xx.

Mixed and divided into twelve powers, one to be given every four hours.

Dec. 31st.—The patient urinated while in the hip bath; the bowels had moved with sufficient freeness; pulse still increasing in frequency; tongue loaded with a heavier coating and of a browner tinge.

Continued the powders as previously directed, and in addition ordered a small teaspoonful of spirits of nitre every alternate four hours.

Jan. 1st., Morning.—Symptoms still increasing in severity; tongue coated with a dark brown or black fur; sordis accumulating upon the teeth; pulse 120 and rather unsteady. Continued the powders, omitted the nitre, and gave quinine instead.

Evening.—Sinking, insensibility and trismus came on at 6 o'clock and continued unintermittingly for seven hours; pulse varying from 120 to 140 and unsteady. I applied sinipisms to the feet, a blister to the back of the neck, and ordered stimulating enemata. As soon as deglution was possible, I directed a pill, containing one grain of quinine and three of extract hyosciamus, to be given every four hours, with wine and beef tea as necessity required. Moved the bowels with rhubarb.

Jan. 2d. Sinking, insensibility and trismus came on three hours earlier to day and continued eight hours; tongue dry and heavily coated with a dark brown fur; the symptoms, in fact, were the same as the day previous. Gave two grains each of quinine and capsicum every four hours, and ten drops of turpentine, in emulsion of gum arabic, every alternate four hours; continued the wine and beef tea.

3d. The sinking, insensibility, and trismus, came on at twelve to day and continued until twelve o'clock at night. Stimulating injections of wine and beef tea were the only treatment instituted during the time. Before the trismus passed away, the pulse and respiration were scarce perceptible; pulse very frequent and irregular. Slight perspiration took place before consciousness was restored, after which the yesterday's treatment was resumed, with the addition of carbonate of ammonia to the beef tea.

4th. Intellect seemed gradually to brighten through the day, tongue became slightly moist and pulse a little more steady. At evening, sinking came on, but loss of consciousness and trismus did not take place. Yesterday's treatment was continued, omitting the ammonia. The bowels were moved with rhubarb.

For the next five days, the symptoms in the main improved; trismus did not occur; the tongue threw off its fur, was sometimes moist, at others dry, fissured and bleeding. The quinine and turpentine was continued throughout the time mentioned. The bowels were kept open with rhubarb and what seemed surprising to me, was from one to three teaspoonsful of pulverized rhubarb was required daily to secure one or two small movements, though no opium, nor none of its equivalents, was given.

On the 14th the patient was able to walk about her room. The following was ordered.

℞. Ext. Gentian	ʒjss.
Ferri Sulphas	℈jss.

Mix and divide into 30 pills, one to be taken three times a day for the next ten days and the patient was discharged.

Sulphate of Soda in Dysentery. BY A. GEIGER, M. D., Dayton, Ohio.

EDITOR LANCET: — In the June number of the Lancet I notice an account of the mode of treating Dysentery, as recommended by Rev. Dr. Dorsey.

The plan of treatment so nearly coincides with that which I have pursued for several years, that I deem it due to add my testimony to the use af *saline cathartics* in the treatment of Dysentery, as we usually meet with it in this Western country. My course of treatment has been as follows: When first called to the patient, if there is evidence of bilious derangement, which we most generally find to be the case, I order the following prescription: —

℞ Calomel, grs. x,
Rhei pulv.,
Calc. Mag, aa., grs. xx. M. Div. in pulv. ij.

One to be given every two hours. This usually produces two or three evacuations from the bowels. I then use the following preparation: —

℞ Sulph. Soda, ℥ss,
Pulv. Ipecac., grs. x,
Sulph. Acid, dilut., ʒj,
Aqua, ℥iv. M.

A table-spoonful to be given every two or three hours, or to be regulated according to its effects upon the bowels. By the use of this mixture the tormina and tenesmus are generally subdued in the course of the first twenty-four hours, and the frequency of the stools materially diminished. I also order fomentations to the bowels; to be kept on as long as the moisture remains, and to be repeated as long as the disease continues.

The above treatment I used in the epidemic dysentery which succeeded the cholera in this city, in 1849, and have used it every summer since, with the most satisfactory success; the disease generally yielding in three or four days, and but in few cases continuing over a week. Indeed, so confident have I become in the success of the remedies, that I frequently prescribe in my office without visiting my patient.

My attention was first called to the use of the *sulphate of soda* in Dysentery, by an article which appeared in the Medical Examiner, (I think), of 1847 or 1848. The writer seemed to refer its beneficial properties to some supposed *chemical* change that it produced upon the contents of the bowels, whereby the tormina and tenesmus were so speedily relieved. But when we consider the anatomical character of Dysentery—that it essentially consists in an inflammatory condition of the mucous membrane of the lower bowels, and reflect upon the effects of saline cathartics in relieving this

congestion, the *rationale* of the treatment becomes obvious; and if, instead of exclusively relying on opiates to allay pain, and astringents to arrest the discharges, we make use of mild hydrogogue purgation, and direct our remedies towards removing offending matters, assisting nature in ridding herself of the congestion of the mucous membrane, our treatment, at least in the ordinary forms of Dysentery, will surely be more satisfactory to ourselves and beneficial to our patients. I would not, of course, rely on this remedy in the *adynamic* forms of Dysentery; or in any other form, to the exclusion of other valuable adjuncts. I only allude to it as a remedy of much value in the early stages of Dysentery.

Correspondence.

CRITTENDEN, Grant Co., Ky., July 2, 1855.

EDITOR OF THE WESTERN LANCET:

Dear Sir:—In the June number of the Western Lancet there appears an article over the signature of W. W. Chambers, of Covington, Ky., as he states in reply to an article that appeared in the January number under the caption "Milk Sickness."

After digesting the said article, in the June number, I must admit I cannot see the point the Doctor drives at, and if his autopsical examinations, on man and beast, are as clear I do not wonder that he is still wandering in mist and delusion.

The Doctor assumes that I deny the existence of Trembles; and then, with sweeping assertions, of his own manufacture, tries to keep "Right side up, with care." Well, I have only to refer to a manuscript now in possession of the editor, to refute his assumption. My object is not warfare; but to elicit truth. Now Doctor, your powers of discrimina-

tion are so acute and wonderfully clear that I propose the following, for solution:—

Can you tell the difference in the odor of a room filled with the effluvia of Cholera Asiatica patients and the Tremble patients. I have had experience with both and I must say I could not; and, in confirmation of this position, the late Dr. Drake visited the Newport Army Hospital during a severe attack of Cholera Asiatica, in 1851, gathering facts for his great work, soon to appear. I recollect in talking about the matter that he stated that the atmosphere of the wards through which we passed reminded him of the effluvia of what is called Milk Sickness so much that it baffled him to discriminate between them.

"But," says Dr. C., "the tanner will tell, the moment he puts his hands upon the hide, that the animal died of the Trembles." Now, Sir, in honesty I must say that the perceptions of the tan-yard men are great, (for I assure you that I have seen some of the very brightest luminaries of the profession fail to satisfactorily account for some symptoms, viz: *Drake* and *Harrison*, on whose heads the very brightest coronets of the profession should have been placed; for they were worthy to wear them).

I think this is far-fetched: for, if a Dutchman in a tan-yard, who knows nothing about the disease, can tell the odor that never before greeted his nasal organs and name the disease, I blush for the profession and Dr. C. into the bargain; for many can't tell it when they both see the patient and scent the odor.

But enough for the present. The Doctor jumps at conclusions, and asserts that his *ipsi dixit* should be law and gospel. Well, dear Sir, don't blame me if I do not agree with you. Now, Sir, I do say that I never believed that any of the cases I recorded were Milk Sickness; I assure you, because so called by the sorrounding neighborhood. But that there is a disease called Trembles, produced by the use of milk, etc., I never denied, as time will develop.

Mr. Editor, as you have some manuscripts in your hands, of mine, if you deem it worthy of insertion in your journal, give them place with this, if practicable. I suppose Dr. C. thinks we are all Know Nothings up here. "So mote it be."

Yours, etc., THOS. R. W. JEFFRAY, M.D.

Hospital Reports and Reports of Cases.

HOSPITAL REPORT No. 3.—*Scurvey as it appeared in the Commercial Hospital, with a report of two cases.* By R. L. REA, M. D., Resident Physician.

The past spring and summer have been noted for the unusual prevalence of scurvy, and the fact that large numbers of those who become inmates of Hospitals come from the poor and illy fed portion of our population, has given us a good opportunity of observing, during the past year, almost every grade of the *scorbutic diathesis.*

Heretofore, scurvy has been almost unknown to the practitioners of the West. Our country has happily abounded largely in the great antidote, and it was only the scarcity of vegetables, with the inability of the poor to obtain them at the exorbiant prices they commanded, that has given us this favorable opportunity of noting the character of the disease.

The description of the disease, as found in medical books, has been mainly confined to those engaged in other than agricultural pursuits. Its prevalence has been in a great measure confined to armies, besieged cities, and to the sea faring classes.

The symptoms and course of the disease in the cases that came to the Hospital, were such as are generally described by authors,—such as paleness of the complexion, feeling of langor, indisposition to exercise, a sensation of weariness, aching of the limbs, spongy and bleeding gums, and extrava-

sation of blood in the sub-cutaneous cellular tissue, with a train of other symptoms, necessarily connected with the altered state of the blood characteristic of scurvy. It is not my intention, in a hasty Hospital Report, to enter into a disquisition on the causes, nature, and diagnosis of scurvy.

The first well marked appearance of scurvy in our wards, was about the middle of March. Its unlooked for appearance caused at first some hesitancy as to its exact nature; but when once fully recognized, many previously unnoted evidences of its approach were remembered. Ulcers upon the legs, which had been healed for years, opened afresh, and were as unmanageable as before; ptyalism was in some cases induced by diminutive portions of the mercurial preparations, and was irremediable until the appropriate scorbutic treatment was adopted.

There have been received into the Hospital 30 cases. Of that number 4 have died; all however of other diseases, doubtless much influenced by the scorbutic tendency.

The first fatal case died of chronic diarrhea, and the ulceration had extended so far as to destroy large portions of the gums, and for a day or two previous to his death, his teeth, with portions of the alvioli attached, were readily extracted by his fingers.

The second died of phthisis; third, of erysipelas of the head and face; the last, of cholera.

The disease manifested itself in the first two fatal cases previous to their admission; in the last two afterwards.

One symptom was the source of more annoyance than all the rest. I refer to the almost bony induration of the subcutaneous cellular tissue. It was confined to the legs, and occasionally occurred in the backs of the hands. In some cases it was so severe, that the consequent rigidity of the muscles, combined with a slight tenderness that was generally present, almost deprived the patient of the use of his limbs; in some cases entirely for a time, though these extreme cases were rare. It generally supervened, sometime after the dis-

ease had begun, generally after there was a decided improvement in the other local symptoms, and very much retarded the cure, as it showed itself entirely uncontrollable by medical treatment.

The treatment mainly addressed to this symptom, while the parts were hot and painful, were, evaporating lotions of whisky and water; muriate of ammonia, to which, tinct. of aconite was added. This was followed by various stimulating linaments, such as camph. and chloroform; to which aconite and arnica were often added; also, turpentine, nit. silver, iod. ung., iod. tinct., as well as many others, and all with apparently the same result; nor were these hastily tested, or readily abandoned; in many cases they were persevered in for weeks.

A singular example of the extent to which the disease manifests itself, was noticed in a boy 17 years of age, who suffered last year with Intermittent fever, and had been very illy cared for. In this instance, the lesion of nutrition had gone so far, that the costal cartilages were separated from the ribs—and by placing a finger on each, they could be made to play freely by each other, producing distinct and unpleasant crepitus. This was first observed on the right side, affecting only two or three ribs, but it soon extended itself to a majority of the ribs on that side, and in the course of a short time affected the left also.

He remained in the Hospital several months; his ribs and their cartilages reunited, and he was discharged well in every respect, except the uniformly present induration, which in his case affected the backs of his hands also.

Very few cases occurred in which hemorrhage had taken place from the stomach or bowels to any extent.

We had no case in which there was fever, except those *complicated* with other diseases.

The character of scurvy, as it prevailed in the Hospital, fully sustained the general opinion of the profession as to its nature.

The origin of several cases in the wards, who were admitted for other diseases, coincides with the established opinion of the profession, that it does not depend upon the use of *salted* provisions, as *fresh* are used exclusively.

The general method of treatment is such as represented in the cases reported, with the free use of succulent vegetables, citric acid drinks, terebinthinate emulsions; using turpentine with castor oil mostly, where a cathartic was necessary.

It will be observed, by referring to the cases reported, that the use of the muriated tinct. of iron produced the most surprisingly prompt and favorable results as a local application to the gums.

Since the first suggestion of its application to the treatment of this symptom, by Prof. Armor, we have used it in every case, amounting to about 20, and uniformly with the same happy results, giving complete relief in from four to six days.

In the whole number of cases affected, but a single case occurred in a female. Why is this? do they enjoy a greater immunity from the disease, or is it a coincidence, rather than a rule?

The ages of those affected are as follows:

Between	15	and	20	years	of	age,	1
"	20	"	30	"	"	"	13
"	30	"	40	"	"	"	10
"	40	"	50	"	"	"	3
"	50	"	60	"	"	"	2
"	70	"	80	"	"	"	1

Average age, 34 years.

CASE 1st. John L———, age 40, laborer, was admitted May 30th.

Was taken six weeks ago with pain in his right leg, confined mostly to the ankle and poplitial space, followed in two weeks by swelling, and much discoloration, with sponginess and tenderness of the gums—never had hemorrhage from his bowels.

Present condition.—Suffers with pains in both legs. Right leg is of a uniform grape color from the ankle to the knee; and on the posterior portion of the thigh, there is a large space, 8 inches wide by 12 inches long, very deeply discolored of a deep purple, or grape color.

The left limb is also much discolored; but less so than the right.

The spots most deeply colored are very tender. Gums very much swoolen, so as to distend the cheeks; of a dark red or livid color, and tender, bleeding on the slightest touch.

Tongue near natural; bowels regular; appetite moderate; pulse weak; suffers with pain, and is quite dull and indifferent about exercising.

℞. Citrate of Iron
Chlorate of Potash *a.a.* grs. x.

Sig. ter die, with Citric Acid drinks, and the free use of succulent vegetables.

June 3d. No marked change; legs still painful. Continue treatment.

℞. Acet. Plum. ʒi.
Aq. Dist. Oj m. wash mouth every three hrs.

7th. Bowels costive; appetite good; legs less painful; but suffers much with pain in his back; gums same.

℞. Castor Oil ℥ ss.
Spts. Terebinth ʒj.

M. Sig. Now. Follow with Terebinthinate Emulsion.

10th. Gums have improved but very little; legs less painful; bowels costive. Continue medicine; repeat Oil and Turpentine, and apply muriated tinct. iron to the gums.

15th. Gums are improving rapidly, becoming solid and less tender; legs becoming indurated, and pain much diminished; discolorations changing to yellowish green. Cont. treatment.

20. Gums entirely well, appetite good, bowels regular, legs still more indurated.

℞ Volatile Linament ʒvi.
Spts. Terebinth. ʒij. M.

Rub legs ter. die—cont. med. omitting Tinct. iron.

July 1st. Seems well with the exception of his legs, which are discolord still, though more of a leaden hue, and indurated to almost bony hardness, slightly tender, discolerations on his thighs have entirely disappeared.

Omit Potash and Iron. Cont. Liniment to legs.

10th. No material change, general health good, legs slightly improved.

Ordered Dilut. Iod. Unguent to legs ter. die.

At present, July 21th, the patient is still in the ward, and although soreness has left his legs almost entirely, yet his gait is halting from the rigidity of the muscles, his legs still retain their leaden color, though in every other respect he seems in perfect health.

Case 2d. Joseph D———, Aet. 25, miller. Admitted May 19th, sanguinio-billious teperament, good constitution, has been sick about four weeks, has had intermittent fever, took medicine three weeks ago, chills arrested; immediately following, cheeks and gums became very much swollen; also his feet and legs;—has passed small quantities of blood from his bowels.

Present condition.—Gums very irritable, bleed easily, especially in the morning, the swelling of his gums cause much distention of his cheeks; has pains in his limbs; bowels loose, pulse 92, no thirst, has extravasation of blood on arms and legs of a dark mahogany color, thickly studded and of the size of a pin's head—moderate appetite.

℞ Clorate Potash Grs. xx.

Sig. ter. die. Citric. Acid drinks with fresh vegetables.

℞ Acet. Plumb. ʒi.
Aq. Dist. Oj. Solve.

Wash mouth every two hours.

12th. Bowels still loose, mouth feels better, appetite good, legs still painful. Cont. Med.

14th. Gums bleed freely—is improving slowly. Cont. Med.

16th. No change.

℞ Nitro mur. Acid ʒiij.

Aq. Give ten drops three times a day, diluted in sweetened water. Dist. ʒi. M.

Cont. mouth wash.

18th. Gums improved but very little; has much difficulty in masticating his food; bowels regular, legs painful, worse at night. Cont. Med.

Substituted for mouth wash,

℞ Nit. Argent grs. x.

Ag. Dist. ʒi. M.

Applied to gums with camels hair pencil ter. die.

20th. No improvement manifest in the local symptoms, gums bled very freely after each application of Nit. silver, left leg quite painful, face much swollen. Cont. Med.

25th. Same;—subsituted for mouth wash,

℞ Mur. Tinc. Iron.

30th. Gums have improved rapidly since the first application of Tinc. Iron, and are now almost well, legs less painful. Cont. Med.

June 3d. Gums well, appetite good, legs improving, bowels regular, spots disappearing. Cont. Med.

30th. Is now quite well—legs but very slightly indurated, discharged.

The disease has now almost disappeared from the wards, but one case having been received since the first of July, and but three since the tenth of June.

Reviews and Notices.

A Text Book of Practical Anatomy. By ROBERT HARRISON, M. D., M. R. J. A., Fellow of the Royal Colleges of Surgeons of Ireland and of England; Professor of Anatomy and Surgery of the University of Dublin; and one of the Surgeons of the Jervis Street Infirmary, Etc., Etc. With additions by an American Physician, with numerous Illustrations. Second Edition. New York: Samuel S. & William Wood, No. 261 Pearl Street, 1855.

The Dublin Dissector has been for many years the Student's familiar companion in every dissecting room where the English language is spoken, though of late, it has been almost entirely displaced by the works of Wilson and Horner.

The volume before us is the Dublin Dissector, much enlarged, improved, and modernized, so as to present a complete system of Anatomy for the use of Students. Many valuable additions have been made by Robert Watts, Jr., M. D., Professor of Anatomy in the College of Physicians and Surgeons of the University of the State of New York. The illustrations are well executed, and the book may be justly considered as a valuable addition to our list of text books on Anatomy. For Sale by MOORE, WILSTACH, KEYS & Co.

An Outline of Medical Chemistry, for the Use of Students. By HOWARD RAND, A. M., M. D., Professor of Chemistry in the Philadelphia College of Medicine; Lecturer on General Chemistry to the Franklin Institute of the State of Pennsylvania; Recording Secretary of the Academy of Natural Sciences of Philadelphia; Fellow of the Philadelphia College of Physicians. Philadelphia: Lindsay & Blackiston, 1855.

The object the author had in view, in presenting this little work to the student, was to furnish him so much of the elements of Chemistry as are useful in Pharmacy, Toxicology, and in the study of Physiology, leaving out the details of quantitation analysis, and the application of chemistry to the arts in general. These are supposed to be a useless encumberence, and a tax on the time of the medical student. So far as a hasty examination of the book enables us to form an opinion, we believe it to be a work of modest pretentions, though possessed of much merit.

As a hand-book, it will be found a valuable companion to the student, giving him in a small compass, all the essential elements of the science of Chemistry. For Sale by MOORE, WILSTACH, KEYS & Co.

Surgical Reports and Miscellaneous Papers on Medical Subjects. By GEORGE HAYWARD, M. D., President of the Massachusetts Medical Society; Fellow of the American Academy of Arts and Sciences; Late Professor of Surgery in Harvard University; and one of the Consulting Surgeons to the Massachusetts General Hospital. Boston: Phillips, Sampson & Co. New York: J. C. Derby, 1855.

This is a collection of the essays, on various subjects, that have been produced through a series of years, by the pen of Dr. Hayward. Most of them have appeared in the medical journals; but they are here collected into a more convenient form, for reference and connected study.

They number twenty-two; and while each one has its peculiar merit, some of them are highly valuable to the medical reader.

We would call attention particularly to No. IV., on "Diseases of the knee joint;" No. IX., on "Wounds received in Dissections;" No. XII., "Remarks on Burns;" and No. XXI., an "Introductory Lecture on the Professional Trials of the Young Physician." For Sale by MOORE, WILSTACH, KEYS & Co.

A Practical Treatise on the Diseases peculiar to Woman. Illustrated by *Cases from Hospital and Private Practice.* By SAMUAL ASHWELL, M. D., Member of the Royal College of Physicians, London; and late Obsteteric Physician and Lecturer to Guy's Hospital. Third American, from the third and Revised London Edition. Philadelphia; Blanchard & Lea, 1855.

A work that has passed through three editions in Europe, and the same number in this country, does not need more than a simple notice from the journalist; for if it has sustained itself well in the estimation of the profession through so long a period, his praise or censure could neither add to, nor diminish much its popularity.

The editor assures us in the preface to the present edition "that nothing has been overlooked, in the progress of that department of Medical science to which the work is devoted, that could either assist

the practitioner or inform the student," and by a close examination of its pages this assurance is found to be fully sustained.

It may be considered, as the very latest authority on the subjects of which it treats. For sale by H. W. DERBY.

Principles of Physiology; designed for the use of Schools, Academies, Colleges, and the general reader. Comprising a familiar Explanation of the structure and functions of the Organs of Man, illustrated by comparvtive refference to those of the inferior Animals. Also an Essay on the preservation of Health. With fourteen quarto plates and over eighty engravings on wood, making in all nearly two hundred figures. By J. C. COMSTOCK and B. N. COMINGS, M. D. New-York; Samuel S. & William Wood, 261 Pearl Street. 1855.

The principles of the science of Physiology should be understood by every person who desires to have a liberal and useful education; but it is not convenient for all to peruse the elaborate works of Dr. Carpenter and others, who have addressed themselves alone to the students of medicine. Several attempts have been made to present the science in an abridged form, for the use of schools and academies, and for the convenience of the general reader, but they have mostly failed, or have been but partially successful, from meagre descriptions, or the want of proper illustrations. Popular Physiology is of late years often debased by being forced into the service of some of the humbugs of the day. The gaseous Phrenologsit strives to give dignity to his calling by assuming to have a profound knowledge of Physiology, and the Mesmerist, Spiritual Rapper, Hydropathist, and other ephemera, deceive the wondering and would-be-wise thousands, by sprinkling their writings with a few physiological truths, which surrounded by the putrid emenations from their diseased brains, appear like pearls in the dung heaps.

The work before us rises far above all these objections, and is without exceptions the most complete and unexceptionable of any of the attempts to popularise physiology that have fallen under our notice. It is of quarto size, containing one hundred and ten pages, with several beautiful, colored plates, and numerous wood cuts. The style of the text is plain and familliar, yet sufficiently copious to make each subject clear and easily comprehended, free enough from technicalities for the common reader, and so correct in its lessons

that it may be read with profit by the medical student. It should have a place in every family library. For sale by MOORE, WILSTACH, KEYS, & Co.

The Microscopic Anatomy of the Human Body, in health and disease, Illustrated with numerous drawings in color. By AUTHOR HILL HASSALL, M.D., Author of a "History of the British Fresh-water Algae," Fellow of the Linnæan Society, member of the Royal College of Surgeons of England, one of the Council of the London Botanical Society, Corresponding Member of the Dublin Natural History Society, etc. *With additions to the Text and Plates, and an Introduction, containing instructions in Microscopic Manipulations.* By HENRY VANARSDALE, M. D. In two volumes. New York; Samuel S. & William Wood, 261 Pearl street. 1855.

The Microscope has revealed new wonders in almost every department of natural science, but in none has its influence been more striking than in the minute anatomy of the human organization. This instrument has been most potent in the production of good. It has unraveled the tangled tissues of the body, and exposed their elementary structures. It has shown nature's mode of constructing the elements of organization in the development of cells. It has corrected errors, established truth, and has swept absurd theories, almost entirely from their past resting place in physiology and pathology. When we reflect that these revelations have been made in a few short years—when we see that every thing has been revolutionised that has been touched by the hand of the microscopist—when we compare physiology as taugh by Richerand, withh e ph ysiology of Carpenter, we feel as though we had been transported by enchantment, into a magnificent magic scene, too beautiful to be true,—too brilliant for endurance, and too wonderful to be contemplated without exciting the most enthusiastic admiration.

Dr. Hassall has endeavored to present to the profession, an accurate picture of what the microscope has revealed in the human organization; and although a more difficult task could scarcely fall to the lot of an author, he has succeeded to a very great degree of accuracy. The difficulty of making faithful drawings of microscopic views, has been surmounted by his artist, and no part of his text is left without a beautiful colored and accurate illustration. The second volume is entirely filled with richly colord plates, commencing with fluids, he examines the *Blood, Mucus, Pus, Milk, Semen, and Fat.*

Then runing through the elementary tissues of the body, he examines, and illustrates, the structures peculiar to the various organs, making decidedly the most attractive, and instructive volume on the subject extant. For sale by MOORE, WILSTACH, KEYS & Co.

Progress of Medicine.

ENGLAND.

Clinical Notes upon the use of Gallic Acid in various Diseases, By RICHARD NEALE, M. D., London, late House-Physician, University College Hospital.

Having recently noticed the value of Gallic Acid, as a remedy in the various forms of hæmorrhage, more especially in hæmoptysis, called into question by some of the Medical periodicals, I was induced to look through my case-books in order to see in what diseases and with what effects I had given the acid in my own practice; and finding that, in most cases, the favorable results were very striking, while, in some instances, I had been led to employ the remedy for complaints in which it may not be usually exhibited, either alone or in combinations not in general use, I thought a few extracts of such cases might possibly prove acceptable to the readers of the *Medical Times and Gazette*, and might lead to a more general use of a very valuable drug.

In the following notes I shall describe, in as few words as possible, the nature of the case, the mode of exhibition, the dose, and effects of the remedy, with the duration of the disease, and not attempt to fill valuable space by unnecessarily minute details of each case.

It is nearly ten years since my attention was first forcibly directed to the great value of gallic acid, as a hæmostatic, in a severe case of vesical hæmorrhage, occurring in an elderly female, who had the misfortune to be an inmate of the notorious Islington Workhouse. The case was under the care of the late noble martyr of that ignoble institution; and no sooner did the slightest trace of blood appear in the water, than she applied for some of "that medicine," which contained six grains of gallic acid in each dose, and which invariably checked all hæmorrhage, for the time being, after two or three doses. After death, which occurred a year or two ago, a polypoid growth was found in the bladder.

Case 1.—Henry S., aged 11, Scarlatinal Dropsy. Caught cold

after a mild attack of scarlatina. Seen on the fourth or fifth day of the dropsical effusion. Water highly albuminous, not much discolored. Scrotum and face swollen greatly. Leeches to loins. Warm bath. Pulv. scam. co., etc. were ordered. The urine became day by day more and more loaded with blood, until it solidified on the application of heat and nitric acid. Gallic acid, in five-grain doses, was then exhibited thrice a day, with the effect of greatly reducing the amount of effused blood; but it was not until a drachm per diem, continued for some time, was introduced into the system, that albumen and blood disappeared from the urine, which rose in specific gravity from 1018—1022, and its quantity greatly increased. If the acid were omitted for a day, the urine became as bloody as ever; altogether he took more than eight ounces of the acid, and is now in the enjoyment of perfect health, although at one time his case appeared almost hopeless.

Case 2.—Mrs. B., aged 48 Hæmatemesis. When first seen, almost sinking from excessive hæmorrhage from stomach and bowels; seat of disease evidently the stomach, apparently due to a fall some months since, when the left hypogastric and hypochondriac regions were much bruised and injured. ℞. Acidi gallici gr. v., mucil. acaciæ q. s. Ft. haust. 3tis horis sumendus. The hæmorrhage diminished after the first dose, and eventually ceased entirely in forty-eight hours, and she recovered, much to her own and her friends' surprise, without an unfavorable symptom.

This case illustrates, moreover, to a certain extent, the value of large depletions, lately recommended in one of the periodicals in some chronic diseases of the joints, etc. The left wrist and hand of this patient were almost useless, from too strict confinement in splints for fracture of the forearm, sustained about two months before I saw her, viz., at the time of her accident. After, however, her very great loss of blood, their use was almost entirely restored; a somewhat similar result was noticed in

Case 3.—Mrs. S., aged 33. Hæmatemesis. Three to four pints of dark grumous blood had been vomited before the patient was seen, which, from the history of the case, was diagnosed to be due to chronic gastric ulcer. The features were perfectly blanched; aphonia; pulse hœmorrhagic. Large and frequent doses of the acid were given; 10 grains every hour until the discharge was checked; in twelve hours it had ceased entirely, although some blood was voided per anum. About 36 hours after she was first seen, violent vomiting was again induced from drinking a cup of warm tea contrary to orders; large quantities of blood were again ejected and dejected, but perfect recovery, as far as cessation of hæmorrhage, took place in a few days by persevering with the acid, combined with greater care regarding diet.

This patient had, some months previously, suffered from a carbuncular boil, situated over the head of the metacarpal bone of the

thumb on the left hand, which, although quite healed, had left the joint stiff and useless. After this severe attack of hæmorrhage, however, the mobility of the joint was perfectly restored.

Case 4.—William H., aged 21. Albuminuria, last stage. This poor fellow was sent home from a provincial Hospital to die, and fell under my care as a parish patient. The urine was highly albuminous, of very low specific gravity, and in very small quantities, varying from 10—18 ounces in twenty-four hours.

Under the use of the gallic acid in ten-grain doses thrice a-day the improvement for the first three weeks was most marked, the urine increased to nearly forty ounces on an average, sometimes exceeding this amount, although the quantity of fluid drunk was rather diminished than increased; the specific gravity rose considerably; and the general œdema, previously so marked, nearly disappeared. The length of time that the disease had existed naturally led me to fear that this favorable improvement could be but temporary, and so it eventually proved; nevertheless, the case will add weight to the testimony borne by others, to the value of gallic acid in some cases of albuminuria.

Case 5.—Mrs. H., aged 33. Frequent and excessive menorrhagia. Repeated abortions, followed by great hemorrhage. A morbid excitability of the uterine organs, accompanied by no discoverable organic lesion, gave rise to the frequent attacks noted above, which were not attempted to be warded off by that care and attention on the part of the patient which is, in all such cases, necessary. In every attack, however, the acid, in five-grain doses, quickly checked the discharge, and the effects were so marked, that the patient would never be without some of "the acid mixture," whether at home or abroad.

Case 6.—Mrs. T., aged 42. Menorrhagia cœtaneous with ovarian irritation simulating pregnancy. This patient was led to seek advice because she was "very much poorly" every month, and yet believed herself to be in her sixth month of pregnancy, and even declared that she plainly felt the fœtal movements. She had previously borne two children.

The symptoms being rather indicative of ovarian disease than of pregnancy, a digital examination was requested, but refused. Gallic acid was given to control the hæmorrhage, which it did most effectually on every recurrence; and after the ninth month had more than elapsed, counter-irritation and rest removed all further fears of pregnancy.

Case 7.—Hæmorrhage from the bowels of a new-born infant. This rare case, reported *in extenso* in the *Association Journal* for June 16, 1854, p. 532, is one in which the acid almost necessarily proved useless. Thirty-six hours after birth, an infant, apparently in perfect health, is suddenly seized with violent hæmorrhage from the bowels. No notice is taken of it by the nurse for more than

four hours, when the alarming state of the child causes her to seek for advice. The gallic acid was prescribed; but, before more than a single dose could be exhibited, the little patient sank perfectly exsanguine.

Case 8.—George G., aged 52, rapidly fatal cerebral hæmorrhage, probably due to atheromatous deposit in the vessels of the brain. A year previous to the fatal attack, this patient had been under care for intense cephalalgia, relieved only by large doses of quinine. Serious internal disease was feared, probably, judging from the habits, etc. of the patient, atheromatous deposits in the coats of the vessels, and he was warned against too violent exercise, etc. The cephalalgia continued more or less intense up to the time of his last attack, which occurred early one morning, after a sudden exertion. He fell down comatose, from cerebral hæmorrhage, to check which large and frequent doses of the acid were given, and with so good a result, that the patient after a few hours rallied considerably. In opposition to the most positive orders, however, thirty hours after the attack he was placed upright in a chair while the bed was made. From that moment fresh hœmorrhage occurred, all the unfavorable symptoms increased, and he died in twelve hours. This case, together with the following points to the probable value of gallic acid in intercranial hæmorrhage.

Case 9.—Mrs. H., aged 55. Severe concussion of brain, with probably slight intercranial hæmorrhage, due to a fall. This patient suddenly became unconscious (from an old cardiac affection,) and, in falling, struck the head violently against a projecting iron screw; found, five minutes after the accident; bleeding profusely from wounds in the scalp, also from the nose, and very slightly from the right ear. When raised, vomited freely, loss of use in right side (temporary,) pupils contracted, no stertor; scalp, over right parietal, divided to the bone; wound 1½ inch long, bone beneath feels fissured. Gallic acid, in ten-grain doses, was given for three doses every three hours, with the object of checking further effusion (if any.) In about thirty hours, the effects of the concussion passed away, and she regained the use of her arm and her senses. Still, there was a marked hebetude of aspect and manners that did not disappear for more than a fortnight; slight, but restrained, cerebral hemorrhage was diagnosed at the time.

Case 10.—Profuse epistaxis during typhoid fever. Elizabeth S., aged 10. The loss was so great in this case that the parents feared she would bleed to death before she was seen. Five grains of gallic acid, dissolved in warm water, given every half-hour, stopped it after two doses, together with the topical application of the solution to the Schneiderian membrane. On the following day the hæmorrhage returned, but was arrested by the same means as readily as before.

Case 11.—Mrs. C., aged 23. Acute tonsillitis. This occurred

in a lady who had fled from London, to avoid both the cholera and the doctors, and who omitted to send for the latter in the country, until she felt nearly suffocated. The uvula, tonsils, and palate were excessively inflamed and enlarged, preventing the deglutition of even fluids without extreme pain. The tongue was thickly coated with an offensive whitish-brown fur, and the breath itself was exceedingly offensive. A gargle was employed, thus made:—℞ Acidi gallici ℈ij., liq. sodæ chlor. (Beauf.) ʒij., aq. destil. calid. ad ℥viij. M. Ft. gargar, sæpe utend. (The chemical changes that ensue when the chloride is added to a solution of the acid, I have not yet fully investigated; it forms, however, an olive-brown mixture, with not at all an unpleasant taste.) The solubility of the acid appears to be increased.

The astringent effects of the gargle were most marked after the first two or three times that it was employed; the mucous membrane of the part assumed a pale whitish hue, and on the left tonsil the situation and extent of an abcess were clearly defined, by the contraction of the surrounding parts. In a few hours this burst, and in twenty-four hours after commencing the gargle, the fauces had nearly resumed their natural aspect, and all fetor had disappeared.

Cases 12 and 13.—Both these are cases of tonsillitis, wherein the value of the gargle prepared, as in case 11, was fully tested. Case 13 being in a child 9 years of age, suffering from scarlatinal sore throat, in which, as in many others of a similar nature that might be adduced, the great value of such a gargle was fully proved.

Cases 14 and 15.—Polypus uteri. In both these cases occurring in married women the hæmorrhage was stopped by the free exhibition of the acid in full doses, and thus the strength of the patient was reserved until the tumour was in each case forced through the os.

Case 16.—Ann M., aged 3. Injury of vagina. This poor child was ill-used by some lads, who passed a stick up the vagina, wounding its walls. Severe hæmorrhage took place, which was checked at the time by cold applications and two grain doses of the acid every half-hour. The hæmorrhage returned more or less abundantly for the space of three weeks, the only effectual means of checking it being the gallic acid.

Case 17.—Mrs. P., aged 55. Internal piles, In this case unusually severe hæmorrhage is, on each recurrence, checked by five-grain doses of the acid repeated every three hours, sometimes given as pill, at others rubbed up with mucilage. The patient objects to any manual interference; more especially while she finds such perfect relief, for the time, from the acid.

Case 18.—Mrs. H., aged 24. Hæmoptysis. Seized while at an evening party. Five grains of gallic acid were given every two hours. The expectoration ceased to be streaked with blood after

three doses. Six weeks since another attack occurred, but the hæmorrhage was again arrested after the third dose.

Case 19.—Henry C., aged 70. Erysipelas of the face. A lotion containing ʒij. of the acid dissolved in a pint of warm water, was applied over the face every three or four hours with a most marked and beneficial effect. The inflammation was subdued after three or four applications.

Case 20.—Some of the powdered acid, placed in a deep cut that bled profusely, immediately arrested the hæmorrhage, although other means had failed. The application did not cause the slightest pain.

Before concluding this paper, already, perhaps, too lengthy, I would suggest a trial of the gargle mentioned in case 11, a scarlatinal sore throat, when a gargle can be used; for this, with the nitric acid treatment and proper dietetical regulations, will, I believe, seldom cause disappointment.

Ombersley, April, 1853.

On Bandaging the Abdomen during and after Delivery. By Henry Hanks, Esq., M. R. C. S., Eng.

The controversy now extant amongst obstetricians respecting the utility of the binder, safeguard, or roller, claims ample consideration, lest the testimony of those who advise that its use should be abandoned should supersede the important directions of the highest authorities of the present day. Writers of established reputation, whose sentiments are confirmed by practice, including Drs. Burns, Ramsbotham, Rigby, Murphy, Waller, Hardy, M'Clintock, agree in asserting the efficiency of this simple expedient subsequent to the completion of labor; although others (Ley and Denman) not less eminent than the above denied its advantages, opposed its application, and maintained that it was unnecessary and injurious immediately after delivery; nevertheless, the latter did not entirely reject the abdominal bandage, but deferred its employment "till five or six days after delivery," when he acknowledged it might be applied with some advantage.

The inquiry of a correspondent, which I have condensed, "whether the practice of bandaging the abdomen, and tightening it firmly at each recurrence of the pains, is sanctioned by approval?" deserves notice.

The cases in which the bandaging the abdomen *during* parturition has been adopted, gathered from various sources, may be arranged under the following divisions:—

I. To stimulate the uterus to contract by the pressure thereby produced.

II. In plural births, to aid the expulsion of the second fœtus.

III. To support a pendulous abdomen, and confine the os uteri in a favourable position.

IV. To obviate the occurrence of uterine hæmorrhage, by steadily compressing the abdomen as its size diminishes, owing to the descent of the child.

V. To encourage the exit of the placenta.

This plan, not commonly used, has received the approbation of practitioners whose experience allows them to express a satisfactory opinion upon the subject.

It is most usual, as with myself, to resort to the binder, after the patient has remained quiet half an hour or more (unless any exigency requires its earlier application,) and when her clothes have been changed. Before this it cannot conveniently be done, because lying-in women invariably wear their ordinary apparel during the parturient process. At this time the danger of bleeding is greater, the patient having recovered from the transient exhaustation resulting from the expulsion of the fœtus; the animal heat is returning, circulation becoming more vigorous, and bodily exertion attends moving to bed; from which causes, to the dismay of the attendants, blood may burst from the patulous vessels of the relaxing womb. Now, the service of the bandage is undeniable in conducing to its contraction, nor can it rationally be affirmed that it interferes with "more efficient means" to assist its contractile power; it does not prevent the stimulations of the organ itself by friction, introducing the hand within its cavity, nor the adoption of other subsidiary measures to secure a diminution of its capacity; and to subdue hœmorrhage, the effect of that laxity, save the shock of cold to the abdomen, which if essential, the bandage may be readily removed without "much valuable time being lost." Again, simultaneous with each pain friction is occasioned by the womb rising towards the tightning roller, which renews the stimulus, and augments its contractility. In order that the greatest benefit may be derived from the bandage, we should be particularly careful to compress the fundus uteri; and when our object is to control hœmorrhage. it may be more effectually accomplished by placing over this region a folded towel or napkin, or more than one, forming a conical compress, the apex nearest the abdomen. Lateral pressure always affords assistance. Contrivances have been devised by Dr. Waller and Mr. J. R. Pretty to effect this purpose.

Several reasons may be offered in favor of bandaging the abdomen after the termination of labor.

1. As a substitute for the support of which the uterus has been deprived by the lax condition of the abdominal parieties.

2. To excite equable contraction of the uterine fibres, on which the safety of every parturient female depends.

3. To guard against relaxation of the uterus after it has once

contracted, which is likely to be succeeded by hæmorrhage.

4. To restrain uterine hæmorrhage.

5. The sudden emptying of uterus removes the pressure of the abdominal viscera and vessels; blood accumulates in the latter, disturbing the equilibrium of the circulatory system; the occasional consequence is syncope, analogous to that which would occur after paracentesis abdominis, if the surgeon did not previously gird the abdomen. But it may be argued that syncope suspends the action of the heart for a time, and arrests hæmorrhage for the same period; protracted, it may be alarming, and not associated with discharge of blood; hence, in this instance, not possible provided by the *alma rerum parens* to stop hæmorrhage. Syncope increases atony of the uterus, which want of tone is a cause of hæmorrhage, lessened by anything which adds to its contractility; therefore it is judicions to avert such unfortunate events, syncope and indirect flooding, by surrounding the abdomen with the binder *instantly* after labor, when there is a tendency to fainting.

6. After restoring an inverted uterus to its normal situation, an accident which most frequently happens after delivery

7. When the abdomen has been considerably distended by plural births, or collection of serum in the peritoneal cavity.

8. To improve the figure of the patient.

9. To resist expulsive efforts, as sneezing, coughing, straining, vomiting, during which the abdominal muscles act powerfully.

I believe it has been incontestably shown, that the injuries which would accrue from the omisson of this appliance would greatly surpass the doubtful evils produced by its adoption. Even its strenuous opponents concede that it is advantageous, under some circumstances, "to relieve that sensation of exhaustion and cough which succeeds delivery," "and when the abdomen does not recover its natural form." But it has more important recommendations—the prevention of syncope, excitement of uterine contraction, subjugation of hæmorrhage. It would be imprudent, then, to discontinue the use of means sustained by custom, argument, and experience.

Fissure of the Anus.

A man, about thirty years of age, next presented himself, complaining of pain at stool, and especially for some time afterwards. Mr. Syme, on examination of the rectum, discovered a fissure of the anus, with a small external pile at its base. He remarked, that on looking superficially at the anus, there was nothing to be seen but a small external pile, which might be supposed of no importance, but which taken in connexion with the patient's symptoms, induced a careful examination of the part, when it was found that an ulcerated fissure ran up from it. Mr. Syme, having introduced the point of the forefinger of the left hand into the rectum, pushed a

small curved knife into the verge of the anus, where the external pile was situated, and brought out the point of the instrument into the rectum, above the upper extremity of the fissure, as felt by the finger, and then drawing out the knife and finger together, divided the mucous membrane along the whole course of the fissure ; he then cut off the small pile, remarking that if left it was apt to be troublesome. Having placed a small piece of lint in the anus, and dismissed the patient, he said :—

This case again reminds me of the rectum specialists. During my residence in London, I was consulted by an officer, who had been absent six months from his regiment in Ireland, under the treatment of one of them, without obtaining any relief from the agony produced by a fissure of the anus, from which he was relieved in an instant by the small operation you have just witnessed. This disease, though often productive of extremely severe symptoms, might readily pass unnoticed by one whose attention had not been directed to the subject. We are indebted to the distinguished French surgeon, M. Boyer, for pointing it out ; but his treatment, though effectual, was unnecessarily severe, consisting in complete division of the sphincter ; after which, several months' confinement was requisite for recovery. So the treatment continued, till I happened to discover, many years ago, that the slight incision I have shown you was sufficient. If the pain produced by examination with the finger is very agonizing, chloroform gives you a ready means of overcoming the difficulty. Very frequently the external sphincter is tightly contracted in these cases ; if so, it is expedient to divide the inner fibres of the muscle as well as the mucous membrane, and by doing this you hardly extend the incision. No confinement or subsequent dressing is necessary, and I do not know any operation in surgery where so great an amount of relief is given with so little trouble, either to the patient or the surgeon.

(Translated from the German for the Western Lancet.)

GERMANY.

Professor Landolfi's method of cauterizing scirrhous formations, consists in the application of the following paste.

℞ Chloruret Bromi., ʒiij,
" Zinc., ʒ ij,
" Antimon., ʒjss,
" Auri., ʒj. Pulv. Rad. Glycyrrhiz. q. s., ut f. past. spiss.

The Chloruret Brom., according to Landolfi, produces the main effect, and he applies it of late alone, in this form—

℞ Chloruret. Brom., ʒij—ʒiij. Pulv. Glycyrrhiz., q. s., ut f. past. spiss.

In his opinion it has an alterative effect upon the whole organism, and by absorption is able to neutralize the scirrhus diathesis.

He considers the Chlor. Zinc. indispensable in ulcerating pseudoplasms, to prevent hæmorrhage.

The Chlor. Aur. he applies only in very rare cases, viz: principally in Carcinoma Medullaris, where he believes it to be a specific.

In superficial cutaneous cancers, epithelionata, in lupus, small tumors he applies only one part Chloruret Brom. to eight parts Ungt. Basilicones. Where there are very extensive and numerous cancerous tumors, which cannot be cauterized, and where there is also an established cancerous dyscrasia, he proposes a palliative treatment, viz:—Bathing the affected parts with a solution of Chlor. Brom. gtt. x—xx in Aq. Dist. ℥xij, and the following pills:—

℞ Chlor. Brom., gtt. ij,
Pulv. Sem. Thellandr. aquat., ℈j,
Ex. Conii. Mac., gr. xvj. M. f. Pill. No. xx.

Take one pill every day, for two months; afterwards take two pills every day.

In cancerous affections of the womb, lint tampons moistened with the above solution are introduced into the vagina and pushed up to the vaginal portion of the uterus. At the same time the above pills are prescribed; but, instead of the Ex. Conii Mac., Landolfi takes Ex. Aconiti.

The application of the paste is made in the following manner: The sound parts, surrounding the pseudo-plasm to be removed, are covered with strips of linen from one and a half to two inches wide, over which is spread an ointment made of one drachm of Chloroform and one ounce of Ungt. Rosat.; then the above paste is spread from one to three lines thick, according to the deep diameter of the pseudo-plasm, upon small pieces of linen and gently pressed upon the morbid portion. The paste must be spread in an ante-chamber or before an open window, in order to avoid the obnoxious influence of the suffocating vapors of the Chloroform rushing from the paste upon the respiratory organs of the patient as well as the manipulating physician. The paste is not to be spread upon a piece of linen large enough to cover the whole surface of the pseudo-plasm, but on several small ones and then laid so closely aside of one another as to touch or even cover each other, because a more even contact of the paste with the pseudo-plasm is thus accomplished. Neither is the paste to reach the normal parts, since its effect often extends one or two lines beyond its application. In ulcerated tumors Landolfi likes to pass the vapors of the paste for a while over them.

After the application of the paste the whole tumor is covered with a layer of lint, and over this with a fourfold compress, which is secured by strips of sticking plaster.

Very soon after the application pains set in which often are very intense and last from four to six hours, or even longer. Landolfi administers the following mixture, when the pains are very violent:

℞ Liq. Anody. Miner., (Hoffman),
Laudan. Liquid., (Sydenham), aa., ʒj,
Syrup. Citri., ℥ij,
Aq. Dist., ℥iij. M.
Every hour a table-spoonful.

The paste remains, in most cases, twenty-four hours. After removing the dressing we always find a boundary line, drawn around the whole tumor, which forms a regular furrow, separating morbid from the sound portion. Beyond this furrow is an inflamed line one or two lines wide. The tumors themselves appear either wax yellow, the very vascularized ones dark bluish, or reddish and yellow marbled.

After taking away the first dressing, Ungt. Basilicon is thickly spread over a piece of linen and laid over the cauterized portion, and over this a poultice of boiled lettuce (Lactuca sativa), or of bread and milk. Salve and poultice are renewed every three hours and continued until the dead parts have separated.

The above mentioned furrow becomes deeper every day; the cauterized portion begins to loosen on the fourth or fifth day, and between the eighth and fourteenth day the whole cauterized portion separates itself, leaving behind a clean surface, which secretes healthy pus and shows sound granulations. Only in very rare cases is it necessary to cut off some tough, adhering threads, which are, however, also in mortification, and which cutting causes not the least pain.

If, after the removal of the pseudo-plasma, any where a morbid portion remains visible, it is covered again with a corresponding piece of linen spread with paste, the wound itself, however, is covered with plumaceaux of lint spread with the following Balsamum St. Genevieve.

℞ Terebinth. Venet., ʒjss,
Ol. Olivar., ℥j,
Ceræ Flavæ, ʒvj,
Spermat. Ceti, ʒjss,
Pulv. Pterocarp. Santalin., ʒj,
Camphor, ℈j. Misce leni calore in vase nitrea semper agitando, lente liquefacto refrigerataque detur ad ollum.

If the suppuration is sluggish, the dressing is made with Ungt. Basilicon, to which sometimes is added a little of the paste when there is great torpidity; or lint is dipped into a solution of Chlor. Brom., gtt. xx—xxx; Aq. Dist., lb. j; Aq. Goulardi, ʒj—ij, and the wound covered with it.

free extremity through the tube, has been much relied upon as a proof that the tube had entered the trachea. But it was found that when the tube was purposely passed into the œsophagus, this power was still retained, though in a much less degree.

The passage of two sponge-armed probangs into the throat, and by the withdrawal of the lower one, calculating the position of the other, whether in the œsophagus or trachea, did not, as far as experimented with, yield satisfactory results. For it was not proved to the satisfaction of the committee that the sponge-probang entered the larynx and trachea.

The sensations of the patient are reliable only when the tube has been repeatedly passed both into the trachea and œsophagus. In these cases patients have very promptly and correctly decided which passage the instrument was entering. This fact was strikingly illustrated in Mary Norton, on whom the operation was repeatedly performed before she was brought before the committee. On the first and second trials of the introduction of the tube by Dr. Green, she shook her head, indicating that it had not entered the larynx. The operator, however, was satisfied on the last trial that the tube had penetrated the trachea, and that the sensations of the patient were not to be relied on, when she ejected a portion of the contents of the stomach through the tube, and thus demonstrated not only the position of the instrument, but equally the correctness of her sensation.

It appeared very evident also, in the course of these experiments, that the opinion of the operator, as to the course which the instrument takes, is unreliable, when he trusts to his own senses, and disregards symptoms. They witnessed in two cases the fallacy of Dr. Green's opinion, as to the success of his experiment, though based upon so large an experience. In both instances, while positive that he had sucessfully passed the instrument into the trachea, the patient vomited through the tube, and thus demonstrated his error.

II. *Facility of the Operation.*—While these experiments proved conclusively to the minds of the committee, the practicability of passing tubes into the air-passages, they also afforded opportunities of witnessing the facility with which the operation is performed under different circumstances, and with different instruments. These were as follows :—

1. *Previous Preparation of the Patient.*—It is contended that the facility with which the instrument is introduced depends much upon the previous preparation of the patient, by frequent application of the nitrate of silver to the upper part of the larynx. To obviate this objection, the Committee met twice at Dr. Green's office to witness the experiment upon patients whom he was treating with local applications to these parts, and at the second visit at Bellevue Hospital, the patients were selected from a class which had been expressly prepared for the experiment, by the application of caustic to the throat from three to five times during the preceding week.

The results of these experiments, however, do not sustain the above assertion. The patients on whom Dr. Green had been operating for six months, more or less, were as intolerant of the actual passage of the tube into the trachea as those first submitted to trial. The case of Mary Nortón was adduced. Although the tube in her case had been passed into the trachea half-a-dozen times previously to her coming before the Committee, still she exhibited in the most marked manner all the evidences characteristic of the introduction of a foreign body into the air-passages, when the tube was successfully passed.

2. *Instruments Employed.*—The facility with which catheterism of the air-passages is performed seems to depend in a great degree upon the instruments used. Those employed in these experiments were: 1. A tube, consisting of Hutching's catheter No. 10, with a wire stilet, and bent with a curvature corresponding to a circle of six inches in diameter. 2. A tube of the same size, slightly bent at its extremity. This was the instrument selected by Dr. Green, and is the one which he is accustomed to use in practice. 3. A sponge-armed probang, the sponge having a diameter of one-half to three-quarters of an inch. The result of the experiments with these several instruments was as follows:—

	No. of trials.	*Failed.*	*Succeeded.*	*Per cent. Failures.*
Tube with large curve,	19	8	11	about 28
Tube with small curve,	37	34	3	" 92
Sponge probang,	18	18	0	" 100

From these experiments it appears that the instrument best adapted to succeed in catheterism of the air-passages, is a tube having a large curve, or one shaped like a common catheter; while that least adapted to enter the trachea is the sponge-armed probang.

1. *The Tube with a Large Curve.*—This instrument was introduced into the trachea eleven times to the entire satisfaction of the Committee. The fact that the operators were successful eleven times in nineteen trials, proves that this tube can be introduced with considerable certainty into the air-passage.

2. *The Tube with the Small Curve.*—This is the instrument selected by Dr. Green for catheterization of the air-passages, and is that which he uses in practice. In these experiments he was the only one who employed it, and the result shows that even in the hands of the most skillful practitioner, it failed of entering the air-passages in about 92 per cent. of trials.

3. *The Sponge-Probang.*—This instrument afforded the least satisfactory results of any used. Notwithstanding the most persevering efforts with the whalebone slightly bent, as used by Dr. Green, and with patients who quietly submitted to the test of experiment, the results were entirely negative. In no instance did it satisfactorily enter the trachea. In two instances, with the whalebone curved like a common catheter, the sponge was thought to have entered the

larynx; but with repeated efforts it could not be passed between and beyond the vocal chords. The suffocation was so great each time as to compel a withdrawal of the instrument.

III. *The Utility of Injections into Turbercular Cavities of the Lungs.*—This portion of the report was brief. As the Committee had no evidence that injections could be thrown into tubercular cavities of the lungs, they refused to discuss, on merely theoretical grounds, the question of their utility. One of the three cases injected with nitrate of silver, died within twenty-four hours after the operation, not having recovered from its immediate effects. A letter was read from the physician who made the autopsy, describing the condition of the air-passages. The mucous membrane had the appearance of a recent application of the caustic.

Conclusions.—1. Catheterism of the air-passages dates its history from the time of Hippocrates.

2. The best evidences of the successful passage of an instrument into the air-passages, are the rational signs.

3. The facility of the operation depends upon the kind of instrument used—the tube having a large curve being best, and the sponge-probang least adapted to enter the trachea.

4. That there is no reliable evidence, in the opinion of the Committee, that the sponge-probang has been passed through and beyond the vocal chords.

5. That there is no sure evidence that an instrument can be passed *at will* into the right or left bronchial divisions.

6. That in the great majority of instances where injections are supposed to have been thrown into the lungs through a tube, they have passed directly into the stomach.

7. That as regards the utility of injections of nitrate of silver into the lungs, the facts thus far developed in the experiment of the Committee, lead them to regard the operation as one fraught with danger as well as difficult.

This report was signed by Prof. Parker, Chairman, Drs. Wood, Metcalf, and Stone; Dr. Anderson subscribed to all but that bearing upon the utility of injections; this he did not think sufficiently investigated; Dr. Stevens, who witnessed but a few experiments, made a short report. Prof. Barker made a lengthy minority report.

Three Surgical Cases. Reported by J. C. Nott, M. D., of Mobile, Alabama.

The following cases possess sufficient novelty and practical value to deserve publication:—

Case I.—*Spina Bifida cured by Excision.*—The subject of this case, aged one month, was a male, and the child of an Irish woman;

it presented, about the middle lumbar vertebra, a tumor an inch and a half in diameter, nearly circular, and elevated about three-quarters of an inch. The appearance of the tumor was unusual, and the first impression on my mind was that of fungus hematodes; the summit was nearly flat, of a reddish-chocolate color, and in the center was a thin pellucid membrane of about three-fourths of an inch in extent, through which could be seen serous fluid. The most graphic description I can give of the appearance of the tumor is that it resembled a half ripe carbuncle with a Malaga grape buried in the centre; had it not been for this deficiency of skin in the centre I should have been much embarrassed to form a diagnosis. Guided by a case somewhat similar, though smaller, reported by Dr. Mott. of New York, in his Appendix to Velpeau, I determined to extirpate the entire mass. I accordingly, on the 15th of March, 1855, in the presence of Drs. J. Hamilton, Vetchum, and Anderson, and my student, Mr. Childs, inclosed the tumor by two elliptical incisions in the direction of the spine, and dissected it out completely; the tumor was found to consist simply of skin, cellular tissue, and the membranes of the spine distended with serum. After the sac was removed, an opening into the spinal canal was exposed, about the size of the end of the finger, and a tablespoonful of fluid escaped.

It was then dressed by bringing the edges together by a single pin and twisted suture, and placing above and below strips of adhesive plaster.

The dressing was removed on the third day, and complete adhesion had taken place by first intention, except the portion included between the pin and ligature, which sloughed; this left a narrow gaping ulcer immediately over the opening in the spine, and I felt some apprehension about the result. I did not reflect on the extreme vascularity and tenderness of the skin of a child a month old, and put too much stress on a single point; it would have been more scientific to have made a longitudinal cut on each side to free the skin, and to have used two pins instead of one. The case, however, did well; granulations were thrown out, and the ulcer soon closed, and at the end of two weeks the healing was perfect and the parts firm and solid.

The child had no constitutional disturbance whatever; slept and nursed as usual. Two months have now passed, and the cure seems to be complete.

Case II.—*Testicle containing Hair.—Removal.*—The subject of this case, aged 22 years, was a patient of Dr. F. A. Ross, who called me in consultation. Says the right testicle was larger than the other in childhood, but never painful until the last five years, since which time it has been enlarging, and has given a good deal of pain. On examination, a tumor was found larger than the fist, about half of which was hydrocele, and the remainder enlargement of

the testicle; pus had formed and pointed at the epididymis, but no opening had ever occurred.

It was determined to remove the testicle and sac together, which was done. The dissection of the mass after removal revealed the only points of special interest. The tunica vaginalis was much thickened, and contained a gill of limpid fluid. The testicle itself was enlarged to about four times its normal size. On opening it, the tunica albuginea was found a good deal thickened, and the glandular contents, if any ever existed, entirely destroyed by suppuration; the tunica albuginea was a complete sac, entirely filled with thick pus, about the consistence of boiled custard, mixed up with *hair*, from half an inch to four inches long. I sent specimens of the hair to Peter A. Brown, Esq. and Prof. Leidy, of Philadelphia, but they could detect nothing on examination with the microscope peculiar in the hair, worthy of remark.

It is more than probable that this development of hair was congenital, and I have no speculations to offer on the subject. We have many instances of development of hair, in cysts, in various parts of the body; still, this case is interesting both to the physiologist and pathologist, as well as to the surgeon.

Case III.—*Necrosis of Lower Jaw.*—The subject of this case was a mulatto boy belonging to Major Haden, of Selma, Alabama, about 8 years old. He had been kicked by a horse on the lower jaw six months before he was brought to me in Mobile; but I could not obtain any satisfactory history of the case. The jaw seemed to have been fractured, and when I first saw him there existed enormous swelling, with suppuration, and two openings, one at the angle of the jaw, and the other near the chin. On passing a probe from one opening to the other, dead bone was detected. It was determined to make a free opening with the view of removing the diseased bone, but the extent of the operation could not be determined beforehand. A free opening was made externally down to the bone, from the angle of the jaw along its base to the chin; and, on introducing the finger, the body and ramus of the bone were found extensively denuded and bathed in pus. The base of the bone was enlarged in thickness to about three times its natural dimensions; and, on passing the finger along the outer surface of the bone, from the ramus forwards towards the chin, a deep suture was felt along the shaft of the bone; this sulcus seemed to be the line between the living and dead bone. The diseased bone was not yet separated at its anterior extremity, but was still firmly adhering to the sound bone at the chin. I dissected loose the soft parts freely, and divided the bone at its anterior part with strong bone nippers; the ligamentus attachments of the condyloid and coronoid processes being destroyed by ulceration, I had little difficulty in extracting the bone with a pair of large forceps; the whole of the ramus and lower half of the body of the bone as far forward as the canine tooth was all brought

away in a solid piece; the teeth, alveolar processes, and uper margin of bone were all left *in situ*. The boy had none but his twenty milk teeth, and the interesting point of the case was to see whether the teeth and portion of bone left behind could still be nourished and remain healthy after so large a piece of bone was removed, *including the nutritious artery*.

I received a letter, a few days ago, from Dr. Wm. P. Reese, from which I give the following extract, dated about two months and a half after the operation:—

"I have this day examined the little boy William, of Major Haden; he is quite well, with the exception of a very small half closed fistulous opening at the anterior terminus of the cicatrix, from which there is very slight exudation; the teeth, gums, and alveoli are *in situ*, and apparently perfectly healthy; his general health is good."

As I had to make an artificial division of the bone at the chin, I expected slow healing then, and probably the discharge of some small fragments of carious bone.

This case will be a curious one to watch, both in a pathological and physiological point of view. Will such a section of bone be able to sustain itself and the inclosed teeth? will new teeth replace the old ones when cast off? will this fragment of jaw have sufficient strength for mastication? I hope to be able to keep a watch upon the case through my friend, Dr. Reese.

A Case of Vicarious Secretion of Milk. By S. Wier Mitchell, M. D.

Instances of vicarious secretion are so rare that the addition of even a single case cannot fail to excite interest. It is not uncommon to meet with instances of vicarious menstrual flow; but this secretion, if such it be, is so nearly allied to the blood itself as to require no elaboration, and thus, when the body is overloaded with blood we can hardly feel surprised at any hæmorrhage which, by replacing the uterine flow, relieves the congested vessels.*

The difficulty of comprehending this subject is greater in cases of vicarious performance of the urinary function. Here, we have a secretion for whose perfection cell-action is in all likelihood essential. Metastasis of this excretion involves, therefore, the existence of such cells in some remote part of the body, where nature has not primarily placed them. Their function will be one of mere selection,

* The most curious case of this kind, of which I am aware, occurred a few years ago in the person of a seamstress. The menstrual flow in this instance took place with great regularity from beneath the finger nails, and obliged her to relinquish all work for a time. She recovered her health by the aid of iron, etc., and the uterus resumed its lost function. —S. W. M.

and not of elaboration, since the element of the urine exist, for the most part, performed in the blood. The mammary gland secretes a fluid whose elements are not alone separated from the blood, but are also elaborated, to a certain extent, as, for example, sugar of milk, which has no being in the circulating fluids. The milk-globules, once regarded as true cells, are, in reality, globules of oil which have taken on a coating of albumen. Their appearance may be closely imitated by shaking together oil and albumen, when similar pseudo-cells are formed. The milk globules, therefore, cannot be regarded as presenting any added obstacle to the metastasis of the mammary secretion.

In the early part of July, 1853, Mrs. C., æt. 20, was delivered of a child. The supply of milk proved scanty. Four weeks after delivery, a large mammary abscess formed in the left breast. This was opened, and, under treatment, became well in the course of three months. During this period, she nursed her child with the right breast. As the milk continued to form, though in small amount, in the left breast, the child finally obtained milk from both mammæ. At the close of a year, the mother became feeble, and subject to constant bronchial irritation. Her cough increased to such a degree that, for obvious reasons, she was directed to wean her child. The change was effected too suddenly, and she was told, accordingly, to allow her babe a part, at least, of her own milk. In the interval of two days, the breast had become swollen, and excessively painful. It was now found that the child could obtain no nutriment from this source, and that even the pump failed to empty the mammæ. Purgatives were ordered, and a water-dressing locally applied. Next day I found the breasts less painful, while the cough had become dry, hard, and almost constant. On the succeeding morning, she was greatly relieved by a loose cough, which enabled her to expectorate a quantity of white, firm sputa. I was told that Mrs. C. was spitting up milk, and the white substance in question was exhibited in confirmation of the statement. During the day, upwards of a tea-cupful was thus cast up. This strange formation continued for a fortnight, to the manifest relief of hitherto urgent symptoms of declining health. My visits were made at irregular intervals, and for a time my patient was closely watched by the family; but, as the secretion was persistent in amount for a time, and was often coughed up in my presence, I saw no reason to suspect collusion or hysterical deception. At the end of a fortnight the milky sputa became more pale, and at length gave place to mere mucus.

On the third day, and at intervals afterwards, I collected portions of the sputa, and submitted them to riged examinatons.

I found the discharge to consist of white clots, floting in a thick fluid, also of a white hue, and mingled with ordinary mucus. Very often a clot of yellowish muco-pus was enveloped in a covering of

thickened milk. It is to be noted that the milk was, for the most part in this clotted condition, and possessed the lacteal odor to a greater degree than the ordinary secretion itself.

Microscopic analysis revealed the presence of very perfect milk globules, mingled with compound granular cells, mucous corpuscles, and epithelia. I evaporated about one ounce and a half of the fluid, and, by repeated treatment with ether, collected a small amount of fat or oily matters. Nitric acid was found to coagulate the filtered fluids, whilst acetic acid produced but a slight cloud. Lastly, I was told by the patient that the sputa tasted like milk.

Mrs. C. was delivered of her second child in February of the present year. Her cough never left her, and at the period last alluded to, she was far advanced in phthisis. Her breasts were well filled, but her extreme feebleness obliged her to resign her child to a wet-nurse. The breasts were artificialy empted, aperients employed, and no signs of her former trouble appeared until seven days after birth. At this time, for some forty hours, she coughed up a thin white fluid mixed with the pus from a tuberculous cavity in the right lung. At the close of the period of time just mentioned, the pulmonary sputa regained its color. I examined this specimen with the microscope only. It was thin, and small in quantity, but did not otherwise differ from the specimens obtained during the last year's illness. Both alike contained milk globules. The recurrence of the milky sputa was first observed by me, and pointed out to the patient. This, with the other facts above alluded to, induce me to regard the above stated case as indisputably one of vicarious or metastatic secretion of milk. We are thus called upon to admit that some part of the bronchial surfaces *may* repeat the role which nature has assigned to the mammary gland.

It may be as well to add that, in stating a case of interest mainly to the physiologist, I have avoided all detail as to the remedial measures employed from time to time.*—*Amer. Jour. Med. Science.*

Miscellaneous.

Treatment of Spermatorrhœa.—M. Trousseau thinks the advantages of Lallemand's *porte caustique* have been considerably overrated, and that there are only certain cases in which its use is productive of benefit. It is very useful where chronic urethritis coexists with the spermatorrhœ ; but where that is absent, he thinks we ought to trust to other modes of treatment more suited to the cause of the disease.

* A case very similar to the one just recorded is related in Prof. Carpenter's *Text Book of Human Physiology.*

The excessive debility induced by spermatorrhœa demands our most serious attention. If, in serious cases, we find neither urethritis nor cystitis present; if we discover neither calculi nor ascarides, nor any other thing which can explain the persistence of the emissions, we ought to ask ourselves whether the disease does not depend upon a condition of the vesiculæ seminales analogous to the spasmodic state of the bladder in certain forms of incontinence of urine. Puerile enuresis is not due to atony of the bladder, or to any undue accumulation of urine, but to a spsmodic condition of the bladder. The same phenomenon occurs in the vesiculæ seminales; and belladonna, which acts so benificially in the case of the bladder, is also very useful in this other spasmodic condition. M. Trousseau prescribes accordingly, in such cases, powders containing each 1 centigramme of the powdered root of belladonna, mixed with sugar. He orders one to be taken daily during the first week of treatment; two daily during the second, and so on until the patient experiences a sensation of dryness in the throat. At the same time, he orders frictions of the perineum with an ointment composed of 10 grammes of the alcoholic extract of belladonna to 20 grammas of axunge. If necessary, he also uses suppositories containing each 10 centigrammes of the extract. balladonnæ.

M. Trousseau doubts the utility of cold hip-baths in this affection. They may do good the first time they are used, but, although they may temporarily arrest venereal excitation in nymphomania and priapism, this calm disappears on the occurrence of reaction, and the evil is increased.

Heat acts in an opposite manner. Hence M. Trousseau believes that, in cases where erotic feelings are conjoined to spasm of the vesiculæ seminales, it is the best sedative which we can employ simultaneously with belladonna. The form in which he employs it is that of bags of heated sand, which he applies to the perineum for a few minutes, morning and evening. The simultaneous administration of lupulin may be very benificial; but, where we desire decided anaphrodisiac effects, M. Trousseau recommends, on account of the certainty and efficacy of its action, the bromide of potass, in doses of from 15 grs. to ʒss. daily.—*Monthly Journ. of Med. Sci.*, March. 1855, from *Journ. de Med. et de Chirurg. Prat.*, December, 1854.

Inhalation of the Fumes of Opium in Coryza.—Dr. Lombard, of Geneva, has found that in those severe cases of coryza which are accompanied by great pain and sense of weight in the frontal sinuses, the inhalation of the fumes of burnt opium affords the patient the most marvellous and speedy relief. The pain ceases as if by enchantment, and the patient passes from a state of misery into one of comfort. Dr. Lombard recommends a few grains of powered opium to be thrown upon a slip of metal, previously heated in a spirit lamp; and the patient is desired to hold his head over, and forcibly to inhale the fumes of the drug.—*Gaz. Medicale*, July, 1854.

Treatment of Acute Rheumatism by Bicarbonate of Potash.—At a meeting of the Royal Medical and Chirurgical Society, Dr. GARROD, of University College Hospital, after a few preliminary remarks, observed, that he was induced in May, 1852, to try a new method, of treating acute rheumatism; and finding great success at first, resolved steadily to pursue the plan, and has done so up to the present time. The object of his communication has been to record the method adopted by him, and also the results obtained in fifty-one cases of rheumatic fever which have been admitted, under his care in University College Hospital, during the last two years and three quarters. The main part of his plan of treatment consists in the administration, in a diluted form, of two scruple doses of bicarbonate of potash, every two hours, day and night, until the patient has been free from all articular affection and febrile disturbance for two or three days, using local depletion over the heart's regeon, if any cardiac disease is present or threatened. The author then detailed three cases of rheumatic fever, illustrating this mode of treatment; the first, a girl, ten years old, in which the duration under treatment was five days, the total duration eight; the second, a young man, aged 20, with a complication of heart disease, where the duration under treatment was eight, the total duration fifteen days; the third, a young woman. aged 18, in the fifth attack, the former ones having always lasted a month or five weeks, but which by the adoption of this plan, yielded in nine days, total duration being but thirteen days, four having elapsed before her admission into the hospital. He afterwards give a table of fifty-one of acute rheumatism, and of each patient the following particulars are noted:—The age, occupation, hereditary predisposition, the number and causes of attack, the symptoms before admission, the symptoms during treatment, the nature of treatment, and the duration of the disease. From these cases, the following deductions are made, vis: that in twenty males the duration of the disease under treatment averaged between six and seven days, and the total duration between eleven and twelve days; and in thirty-one females, the disease under treatment averaged from seven to eight, and the total duration between fifteen and sixteen days—giving in all an average under treatment of seven days and a half; and for the total duration, about thirteen days and a half. The author then alluded to the influence of the bicarbonate of potash when administered in large and frequent doses upon the different organs and functions of the body; and remarked, that it produces neither nasea, vomiting, nor purging—in fact, no symptom of gastro-intestinal irritation. It now induces a strongly alkaline condition of the urine, causes it to effervesce freely, with excess of acid, but does not appear to promote an increase in the quantity of the secretion. It appears to render the secretion of the skin less acid—sometimes almost neutral. That it acts as a powerful controller of the heart's action, reducing greatly the frequency of the pulse, but without causing the faintness often produced by digitalis, colchicum, etc.

That it probably increases the alkalinity of the serum of the blood, and diminishes the coagulability of the altered fibrine occuring in rheumatic fever; and hence, probably, checking or preventing the deposits of lymph on the endo or pericardium. He (Dr. Garrod) stated his opinion, that the influence of the bicarbonate was felt not only in shortening the duration of the articular affection, but also in preventing or moderating the cardiac disease. After enumerating many details of the method adopted, and the value of certain adjuncts, as opium, calomel, and occasional general depletion, he proceeded to recommend a plan of treatment which, from his experience, he considered calculated to ensure the greatest amount of success, thought it probable that the total duration of the disease might, on the average, be reduced to about ten days—provided that the treatment was adopted early, and no serious complication existed.

On the treatment of Sciatica. By Peyton Blakiston, M. D., F. R. S. It may be gathered from a discussion which took place at the London Medical society, that there exists a great diversity of opinion concerning the treatment of sciatica. It is proposed, therefore, to give some particulars of a plan of treatment which has been practised by the writer during the last twenty years. He believes he first saw it carried out at Paris in 1833. At any rate, it did not originate with him; and, consequently, he claims no merit whatever in respect to it, his sole object being to record his experience of its efficacy.

A blister about the size of a crown-piece, is placed over the chief seat of pain, which is usually the flattened part of the buttock. After it has risen well, and the cuticle has been thoroughly removed, the raw surface is sprinkled with a powder, consisting of one grain of acetate of morphia on an average, and a little white sugar. This dressing is repeated for six successive days, the surface of the blister being kept in a raw state, if requisite, by cantharides or savine cerate, or else by Albuspeyeres' plaster. This suffices for a very mild case; but, in severe cases of old standing, the pain will now be found to have left its original seat, and to have seized on the knee of the affected side. The treatment is then applied to the ham; and, after six dressings, the pain will have generally disappeared, and the patient will rapidly recover. By this mode of treatment, eighty-three cases of uncomplicated sciatica have been cured, without a failure having come to the knowledge of the writer. This number might have been greatly augmented had it included the results arrived at by such of his friends and former pupils as had employed it at his suggestion, and which have been no less successful than those which occurred in his practice; but he is desirous of recording such only as have come under his own immediate notice, and for the accuracy of which he consequently can hold himself responsible.

In the great majority of these cases, no other drug was administerd; but, in a few, some laaxtive medicine or injection was given to remove constipation.

In two or three cases, there was a tendency to double sciatica, and then the pain passed from the sciatic region first treated to that of the opposite side, and from thence down to the knee of this last side, but never attacked the knee of the side first affected.

It is right to mention, that in Hospital practice three cases were placed under the writer's care, which he considered more than doubtful, and they were therefore treated under protest, so to speak. They all turned out cases of hip disease, and therefore they are not included in those above enumerated.

The difference in the sensations felt by the patients on the first application of the morphia was remarkable; and, without any attempt to generalise, it may be stated that a close connexion was observed between the sensations felt and the previous state of health. Thus the effect produced on three persons in robust health —a blacksmith, a gamekeeper, and a lady—was most intense; an extraordinary thrilling was felt over the whole body, particularly at the extremities, with great neausea, and a tendency to faint. The lady vomited incessantly for twelve hours, so that it was found advisable to reduce the quantity of morphia in the powders to a half-a-grain. On the other hand, a gentleman, who had been much reduced by over work and by long suffering, felt no effect whatever from the application of the powders, and yet he recoverd in an equally short time with the others. A lady, also, who had been taking considerable doses of opium, hardly felt the application of morphia until it was increased to two grains; but this case has been excluded, because, although the sciatica was removed by the treatment, there remained an incurable disease, which eventually destroyed her.

One lady, 26 years of age, in whom disease was not of long standing, obstinately refused to have a second powder applied; but, happily, the one application sufficed to effect a cure. In six cases the disease recurred after an interval of from five to eighteen months: in two of these it recurred twice; but each attack was less severe than the one which preceded it, and yielded readily to the same treatment. It is possible, however, that relapses might have more frequently taken place without having come under the notice of the writer; but he thinks this cannot have happened very often.

Some other forms of neuralgia were also benefitted by this mode of treatment. Thus, a very distressing case of neuralgia of the scalp yielded at once; and shooting pains, which frequently accompany cancer of the stomach, were sometimes much relieved by it.—*Medical Times and Gazette.*

An anecdote from the Seat of War.—We copy the following from a letter from an officer in the Crimea:

A curious thing occurred yesterday. A sapper was brought from the trenches with his jaw broken, and the doctor told me there was a piece of it sticking out an inch and a half from his face. The

man said it was done by a round shot, which the doctor disbelieved, but the poor fellow insisted, and said: "Yes, and it took off the head of the man next me." This was conclusive, and the surgeon proceeded to remove the bone; it came out easy, when the doctor said to the man, whose face appeared to preserve its form pretty well. "Can you move your jaw?" "Oh yes, sir," was the reply. The doctor then put his finger into the man's mouth, and found the teeth were there, and at length assured the soldier that it was no jaw of his that was broken, but that of his headless comrad, inflicting a severe but not dangerous wound. Upon this the man's visage, which had been rather lengthened, rounded up most beautifully.

Theory of the Formation of Bone.—M. Flourens, the justly eminent Professor of Comparative Physiology at the Natural History Museum of Paris, is now giving his usual course of lectures on this important branch of medical studies. From the report of these lectures, given in *L' Union Medicale*, we extract the following interesting facts connected with the theory of the formation of bone:

"The *external* periosteum mainly contributes to the *formation* of bone; but the *internal* periosteum (medullary membrane) is the principal agent in the *absorption* of bone. Around the dead portion of bone an internal periosteum forms, belonging to the new bone, which periosteum seizes, and, as it were, gnaws and corrodes the old bone, and finally causes its absorption. (Does not the purulent matter issuing from the fragments carry off a good deal of osseus detritus?) In general terms, in the healthy bone, the internal periosteum may be looked opon as an apparatus chiefly designed for *resorption*. The mechanism of the development of bone appears to consist in a constant mutation of the parts composing it; hence we have mutation of matter, permanence of form. Buffon very justly said, "The most constant and the least variable fact in nature is the *form* or *mould* of each species, and what is most variable and corruptible is *substance*." Bonnetus, with all the physiologists of his time, believed that the growth of bone was effected by the deposition of new molecules between the old ones; but we now know that bone is not a fixed and constant substance, but one successively and uninterruptedly formed of superficial layers, which become again reabsorbed. Hence the fallacy of the theory of accumulated germs."

It is now perfectly known and acknowledged that the periosteum may act as the regenerator of bone. We shall just adduce a case of the late Blandin, mentioned in these lectures, which offers a good practical illustration of this theory.

The patient was a young man between tweny-five and thirty years of age, affected with caries of the clavicle. Various means employed to arrest the disease having failed, M. Blandin, encouraged by the experiments of Flourens, resolved to remove the sternal half of the bone, which had been most damaged by caries. By careful management he succeeded in removing the bone without injuring the

periosteum more than by the necessary longitudinal incission. This done, the acromial end of the bone was, at the request of the patient carefully examined and found equally diseased. The latter insisted on having that portion also removed, which operation was performed in the same manner as the first. The patient recovered, and having returned to the hospital for another complaint, about eight months after this complete extirpation of the clavicle, it was found that the bone had been completely regenerated. (It is difficult to understand how a bone can be carious and its periosteum perfectly healthy.)

Recent Chemical Discoveries.—A recent chemical discovery proves that alcohol may be made synthetically from coal gas (and probably other carbo-hydrogens) and water. If the discovery prove remunerative, it may very much modify the expense of quinine prepared by alcohol, tinctures, and ethers of all kinds, and would, we are sure, be a welcome boon to curators of museums and others. The eminent pharmaceutical chemist of Dublin, Donovan, lately took advange of the ice and snow, so plentiful in that city, to examine into the properties of some pharmaceutical ethers, which would be impossible without large masses of ice and snow; amongst the rest, *choloric ether*, now so frequently found in prescriptions. This able chemist states that there is no such compound at all as chloric ether, and what is known as perchloric ether detonates violently by even shaking the bottle. Surgeons prescribe chloric ether, but the patient gets Dutch oil, more generally chloroform in an insolable state, or spirits of wine ; but the nearest approach to chloric ether is muriatic ether, which he succeeded in obtaining, or perchloric ether, which he gives a caution not to use, as it explodes.

Statistics of the Medical Profession.—Professor Escherich, of Wurzburg, has just published tables which would establish that the mortality is greater amongst medical men than in other professions. The author takes an aggregate of 15,730 persons belonging to the following classes ;—Medical practioners, Protestant and Catholic clergymen, professors, schoolmasters, the bar, and those employed by the Board of Woods and Forests. He finds that three-fourths of medical men die before the age of fifty, and ten-elevenths before sixty. Out of 1168 medical men alive in 1852, four only (8.34 per cent.) were more than 80 years old. The ten oldest practitioners numbered together 792 years, whilst the ten oldest men taken from any of the above-stated professions presented much higher figures. Catholic clergymen numbered 872 years, professors and schoolmaters 875, and Protestant clergymen 865. Out of 100 medical men, only twenty-six had reached fifty years ; and it is well known that, according to Casper's statistics, the proportion is less favorable in Prussia as only nineteen per cent. reach the age of fifty.

Fluid Extract of Scutellaria. By JOSEPH BATES, M. D.—"Lately I have used Tilden's fluid extract of scutellaria with signal success, in the treatment of diseases attended with nervous hesitation and irritability, restlessness, &c. In the treatment of children, it is invaluable for allaying these symptoms. The dose is a teaspoonful, repeated as often as the circumstances or indications require. It may be relied upon in some forms of hysteria. Patients convalescing from typhoid fevers, pneumonitis, arthritis, &c., or any disease with those symptoms, will be shortly relieved by one or two teaspoonfuls of this preparation. I have no hesitation in saying that those who give it a fair trial will find it efficient in the treatment of many diseases for the relief of which small doses of opium are frequently given, without any of its unpleasant sequences."—*Boston Med. and Surg. Journal.*

Hydrocele.—Prof. Langenbeck, of Berlin, not being satisfied with the effects of the iodine tincture as an injection in hydrocele, has recently been employing chloroform as a substitute, with the happiest results. He finds that it produces adhesive inflammation more quickly and more surely than the old remedy. After withdrawing the fluid of hydrocele, he injects about one drachm of chloroform, which remains for a short time, and then is allowed to escape. Langenbeck, in the *Deutshe Klinik*, reports four cases treated thus, which were radically cured in two or three weeks.

Skin Diseases.—The active principle of hemlock is an oleaginous fluid called *conein*, and a Russian physician of some note, M. Murrawjeff, has found it efficacious, as an external application, in many of the obstinate diseases of the skin. It is very valuable in toothache, one drop being sufficient to control the pain. Murrawjeff, also, has tried it with advantage in neuralgic and syphilitic pains of the bones, and lastly, as a palliative in scrofulous and cancerous ulcer. Conein should be applied to the skin as an ointment, in the proportion of twelve drops to one ounce of cold cream. In neuralgia, Murrawjeff washes the part with wine, and applies two drops of pure conein, covering with oiled silk. One drop to two ounces of water forms a colyrium of great power; and as a enema, two or three drops may be administered in starch emulsion.—*Med. Zeitung Russ.*

Hydrocele successfully treated. By BEDFORD BROWN, M. D., of Salem, Fauquier Co.—A hydrocele of unusually large dimensions, containing at least a pint and a half of fluid, was subjected to the following operation for its radical cure. All the coats of the scrotum were laid open, by two longitudinal incissions, measuring about two-thirds the length of the tumor, and giving vent to the fluid contents in a full stream. When the vaginal sac had been thoroughly evacuated, the testicle examined and found healthy, a tent of cotton cloth, measuring two and a half inches in length, and half

an inch in width, was inserted into the vaginal sac, under the most dependent end of the testicle, and left hanging out of that cavity.

The idea was to permit the tent to remain until adhesive inflammation should be excited by its influence, and then remove it before the least indication of suppuration supervened.

In about three days from the operation, and when the vaginal tunics had become enormously thickened by effusion on their surfaces of coagulable lymph, the tent was removed. The two vaginal tunics were perfectly united by adhesion, forever obliterating the vaginal sac.

The above mode of treatment of hydrocele, I have found invariably successful, without involving the least danger, and giving but little pain or trouble, with the exception of the subsequent swelling of the coats of the testicle, which can be rapidly reduced by the use of warm water applications.

Tapeworm expelled by Infusion of Pumpkin-seeds.—By D. LEASURE, M. D., of New Castle Pa.—In this Journal for July, 1854, I reported a case of tænia expelled by infusion of pumpkin-seeds, and mentioned incidentally that the patient's mother had, at an early period of her life, passed a tapeworm under the use of a "secret vegetable remedy, probably male fern."

On the 6th day of April last, I was somewhat surprised to receive from the old lady a tapeworm, twenty-one feet eight inches long, in every respect similar to the one passed by her daughter a little less than a year previously. The head in this instance also was attached to the worm, showing its entire expulsion.

She informed me that, having discovered joints of the worm in her dejections, she resorted to the infusion of the pumpkin-seeds on her own responsibility, and took it in the same manner as previously taken on my prescription by her daughter, viz: a pint of the bruised seed to be infused in three pints of boiling water, and left over night, the whole to be taken next day, the patient fasting in the mean time.—*Am. Jour. Med. Sciences.*

Trephining the Os Unguis for Fistula Lachrymalis.—M. DEMARQUAY, of Paris, has revived this operation, which he claims as *new*, and takes credit to himself for devising it. What is more remarkable, the English Journals give it as a novelty without comment, and thus sanction the claim.

The operation was performed by Mr. Pott, who used a trocar for the purpose, and by Mr. Hunter, who had constructed an instrument like a shoemaker's punch, by which a circular piece of bone could be cut out completely. The late Dr. Physick used to mention the operation in his lectures, and we are under the impression that he performed it in a few cases. Like most French discoveries in opthalmic surgery, it is an old practice long since abandoned.

Nitrate of Silver for the Cure of Prolopsus Ani.—Mr. LLOYD treats prolapsus ani by smearing the whole surface of the protruded

bowel with solid caustic, and then returning the bowel. The application is repeated once in a week or fortnight, as may be requisite. Mr. Lloyd states that he rarely found it necessary to employ it more than three or four times; and further, that although the plan had been one invariable resort with him, for a long series of years, that he had never known any untoward consequences to result. In cases in which the protruded bowel has become swoolen, and is difficult of reduction, the effect of the caustic is surprising. In one such case, the mass could be easily seen to diminish in size under its influence. Mr. Lloyd does not limit the use of this remedy solely to prolapsus, but adopts it also in cases of hæmorrhoidal congestion, and thickening of the mucous membrane about the verge of the anus.—*Med. Times and Gazette.*

Resorption of the Placenta. Dr. Sabatier, of Bedarieux (France), has published in *L'Union Medicale* of the 24th of April, 1855, three very interesting cases, which would tend to show that portions of retained placenta may be absorbed, and be rejected from the economy, partly by way of the bronchi. The author thinks that the veins take up the products of decomposition, which, entering the torrent of the circulation, are eliminated in the shape of the various excretions—such as the perspiration, saliva, tears, &c.; and he holds that the very fetid expectoration, which was noticed in his three patients, shows that the putrid substances are also taken up by the lymphatics. M. Sabatier does not, however, dogmatize on the subject, but calls attention to the facts, and these certainly point very clearly to an abundant casting off of sphacelated matter from the lungs, without any of the signs which would accompany gangrenous inflammation of these organs. We would beg our readers to refer to a case of this kind brought before the Medical Society of London, by Dr. Winn.

Editorial.

☞ It is a pleasant task to record facts that will exonerate a professional brother from blame, and to assist in wiping away any tarnish that may have been cast upon the surface of his fair reputation by the hand of envy. Some months since it was announced, in the papers of the dav, that Dr. March, the distinguished Surgeon of the Albany Medical College, had lost a patient from the incautious use of Chloroform.

We have received from Prof. March a pamphlet, which gives a correct history of the case, and relieves him from a shadow of blame in the sad affair.

The case was a young lady who had an enormous encephaloid tumor extending from behind the ear to the clavicle, and projecting laterally about six inches on the side of the neck. The operation for its removal was commenced by Dr. March, with the approval, advice, and assistance of several of the best medical men of Albany.

Sulphuric ether was first used; but, as it did not produce complete insensibility, a small portion of Chloroform was administered from a sponge.

During the operation, the common carotid artery was tied, below, and the internal carotid above the tumor. The internal jugular vein, and probably some of the important nerves that traverse the neck, were necessarily divided.

The whole mass was removed, and the operation completed in less than half-an-hour from the time of the first incision; but the patient sunk and died in about two hours.

The real cause of the fatal result was not clearly ascertained, but it was the opinion of all present, that it was not the Chloroform, or want of skill, or improper management in the operation.

In the same pamphlet, Dr. March gives some valuable hints on the operation for hare-lip, with a drawing of a new forcep of his own invention, for holding the lip during its performance.

☞ We learn from the Medical Counsellor, that Prof. E. M. Moore has resigned the chair of Surgery in the Starling Medical College; and that Prof. Hamilton, who formerly occupied the chair of Materia Medica, has been transfered to the vacancy. H. S. Thrall, M. D. of Columbus, will take the chair of Materia Medica.

A GOOD TIME COMING.

The time has been, when Physicians and Surgeons were continually in danger of being sued for mal-practice; and may have been compelled to pay heavy damages, besides suffering severely in reputation, where it was clear to the unprejudiced mind, that the practitioner was not to blame for the result of his case; but it appears from a statement in the "Counsellor," that the "tables are

now turned"—the reputation of a medical man is now considered of some value, even in the sight of the Law.

Dr. J. C. O'Neal, of Baltimore, obtained a verdict from the Superior Court of that city for damages, in the sum of $10,000, against one of the persons who were injured by the awful railway accident of the 4th of July, last year. The defendant had both his legs fractured, and was treated by Dr. O'Neal. After his recovery, he circulated a report, through the papers, that his limbs had not been broken, and that Dr. O'Neal had used deception in the management of his case. Hence the verdict.

☞ The general health of our city has been better this summer than for several years, though in the latter part of winter and in the early part of spring, the small pox, and measles, were largely prevalent. The measles continued to prevail much later in the warm season than is usual with that disease. In most of the cases it was mild and managable, though when it attacked children that were teething, or those of a scrofulous diathesis, it was apt to be fatal. The cholera has appeared in a few localities, and and it has been unusually fatal, in proportion to the number of cases. So far as we can learn, it has been confined to unhealthy districts, and does not seem to assume an epidemic form. Cases of cholera have been arriving at the Commercial Hospital from boats on the river during the past two months, but it was seldom met with in private practice, earlier than July; and since then only in a few isolated cases.

We think the citizens of our city may console themselves with the hope, that it will not prevail among us this season to any alarming extent.

☞ We learn by telegraph, that the yellow fever has made its appearance in New Orleans, and several deaths have occured from it. It is also committing great ravages in the city of Norfolk, Va., twenty cases and four deaths, were reported on the 31st, of July. In Portsmoth there had been sixty-eight cases and twenty-six deaths from the same disease.

There is great excitment among the citizens, and the infected districts have been fenced in to prevent intercourse of the sick and well.

WESTERN LANCET.

EDITED BY T. WOOD. M. D.,

PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO, AND ONE OF THE SURGEONS OF THE COMMERCIAL HOSPITAL.

No. 9.] CINCINNATI, SEPTEMBER, 1855. [VOL. XVI.

Original Lectures, Essays and Communications.

On the Physiological Effects Produced upon the Brain by the Ligature of Both Primitive Carotid Arteries, with the Statistics of this operation. By GEORGE C. BLACKMAN, M. D. Professor of Surgery in the Medical College of Ohio; Surgeon to the Commercial Hospital, Cincinnati, etc., etc.

This interesting enquiry engaged the attention of Galen, Valsalva, Morgagni, and Van Swieten, and from their experiments on animals, they came to the conclusion, that in these the carotids might be obliterated without producing any serious result. The more modern experiments of Maunoir, Bichat, Mayer, Sir Astley Cooper, Dr. Kellie, Dr. Mott, M. Jobert and Prof. Porta, of Pavia, in the main corroborate the conclusions derived from those made at an early period. True, a discrepancy exists in the opinions formed by Sir Astley Cooper and Prof. Porta, as to the comparative influence of the carotid and vertebral arteries; the former believing that in animals the carotids are intended rather for the supply of blood to the external parts of the head than to the brain itself, and that it is only when the latter organ becomes more developed, as in man, that the carotid arteries acquire greater importance. Prof. Porta, on the other hand, whose extensive investigations on this subject have never been surpassed, if, indeed, equalled, is of the opinion that in their influence upon the brain, the vertebral are of no higher importance than the

carotid arteries. The weakness of the extremities, dyspnœa, and nervous symptoms which Sir Astley Cooper regarded as indicative of a defective supply of blood to the brain, according to Prof. Porta, are but the results of the depressing influences which accompany every severe operation, and not of cerebral anæmia. It is remarkable that in upward of a hundred cases of ligature of one or both carotids in dogs, sheep, and goats, no evidences of a deficient supply of blood to the brain were manifested. It is difficult to account for the difference in the results of the experiments of this Italian surgeon, and of Prof. Mayor, of Bonn. In his essay, "Ueber das Gehirn, das Ruckenmark und die Nerven," etc., he states that most of the dogs, rabbits, pigeons, horses, goats, and marmots, in which he tied both carotids, died. Even when but one artery was tied, he found that the operation produced slight insensibility, and loss of power. But it is not our purpose to explain the variable results obtained by the different experimenters already mentioned, and with M. Dubreuil, we are disposed to believe that the differences in the size and development of the brain, as well as in the circulatory apparatus of this organ, should destroy the force of arguments drawn from the results of the experiments on animals. Of far different import, however, were the instances in which the carotid arteries in the human subject were found obliterated by Haller, Baillie, Petit, Pelletan, Darrach, Jadelot, Davy, Velpeau and others. These were sufficient to demonstrate that one or both of these arteries may be completely obstructed without destroying the life of the individual. But even these are no longer required to determine the point in question. The operation of tying one of the primitive carotids, has now been performed in *hundreds* of instances, and although delirium, convulsions, adynamia, phlebitis, thoracic and cerebral troubles of various kinds, have in some cases followed, yet in the aggregate the result has been more fortunate. Mr. Wardrop, indeed, boldly asserts, (Cyc. *Pract. Sur.*, Vol. 1, p. 263,) that the sources of supply are so abundant

after the ligature of the carotid, that there is not the slightest danger to the parts, either within or without the cranium, from which the main stream has been diverted, "and no one now entertains the slightest fear for the intellectual and other functions of the brain." Although his doctrine has the sanction of Sir Astley Cooper, Samuel Cooper, Manec and Miller, it was conclusively shown by Mr. Norman Cheevers, in his elaborate paper, published in the London *Medical Gazette* for October, 1855, to be both erroneous and dangerous. Mr. James Miller, of Edinburgh, seems to have taken a very unwarrantable view of the subject in his article "On Ligature of the Carotids," published in the London and Ed. Monthly Journal, Jan., 1842. In reply to the question: "May both Carotids be tied at once without immediate danger to the brain?" he asserts that in view of the results obtained by M. Jobert in his experiments on animals, in future the surgeon need not hesitate to secure both common carotids by ligature, simultaneously, should circumstances imperatively demand such a severe proceeding. He adds, it is very improbable that there will be any deficiency of supply to the brain, since even in the horse, in which the vertebrals are remarkably contracted in size, they are still sufficient for this supply; and in man, the comparatively greater size of the brain, and greater capacity for arterial blood, will be fully compensated by the comparatively larger size and full anastomotic circulation of the vertebral arteries. Now there can be no question that, as was maintained by Hodgson, the brain has been endowed with a double circulation to guard against the ill effects which might arise from the obstruction of one or more of its vessels; but we are disposed to believe that too much importance has been attached to the influence of the vertebral after the ligature of both carotid arteries. The same opinion has been advanced by Prof. Porta, of Pavia, in his magnificent work *Delle Alterazioni Patologiche delle Arterie per la legatura e la tarsione, Milan*, 1845. At page 292, after alluding

to what he believes to be erroneous views on the part of Mr. Hodgson, he remarks that it is more probable after the obliteration of the carotids, the blood would seek those channels which admit of more easy distention, than the vertebral arteries; and these channels are formed by the other branches of the subclavian, as was proven by his experiments on dogs. Although the vertibrals may enlarge, he continues, yet their junction at the base of the cranium is too remote to enable them to supply all the external parts of the neck and head, whilst they may suffice for the brain. Instead of these, the inferior thyroid, supra-scapular or transverse cervical and the superior intercostal arteries, seem intended by their inosculations to supply the external parts of the head and neck. According to Prof. Porta, the anastomosis alone between the superior and inferior thyroid arteries, naturally ample, short and direct, should by its augmentation, form the principal medium of transmitting a considerable portion of the blood, which passed through the carotids before their obstruction. The dissection made by Dr. Mott, and reported in the second volume of his edition of Velpeau's Operative Surgery, p. 334, corroborates the opinion above expressed. In examining the head and neck of a subject on which some months before he had tied one of the primitive carotid arteries, he found the ramus thyroideus passing upwards to the thyroid gland, and anastomosing with the superior thyroid artery, was one great source of blood; its branches were large, (thrice their natural size,) and tortuous, communicating in every direction with those from above. They likewise form free anastomoses with the vertebral artery. In the account given by Sir Astley Cooper, (*Guy's Hospital Reports*, *Vol.* 1, 1836), of the dissection of the second case in which he tied the common carotid artery, and which died thirteen years after the operation from *apoplexy*, no particular mention is made of the condition of the subclavian and its branches; but it is evident from his description of the cerebral vessels, that the brain had not derived

its chief supply from the vertebral arteries. Doubtless in this case, as in that reported by Dr. Mott, the thyroid axis was one of the most important inosculating source of blood. In no other manner, than by the assistance of this, with the other branches of the subclavian specified by Prof. Porta, could life have been maintained in the case reported by Mr. Wishart, in the *Edinburg Monthly Journal*, January, 1848, p. 496.

In this, an aneurism of the innominata was successfully treated by Valsalva's method pursued for six months. The patient, aet 40, died from phthisis. For months before her death, no pulsation could be felt in either carotid, and there were no indications of cerebral trouble. At the autopsy, both carotids and the right subclavian were found impervious. The circulation to the right extremity was maintained by anastomoses between the branches of thyroid axis and vertebral arteries of the left side with those on the right. The pneumogastric nerve was considerably stretched, a fact worthy of note, as it has been asserted by Mr. Miller and others, that where serious cerebral trouble has followed the ligature of the carotid, the obstruction of the arterial current was not the cause, but that it was due to the injury of the accompanying nerve or vein.

Again, in proof of our assertion, that too much importance has been attached to the influence of the vertebral arteries, we may quote the following case detailed by Dr. John Davy, in his *Researches, Physiological and Anatomical*, Vol. 1, p. 426. Here the left subclavian and carotid arteries were closed. The upper part of the innominata was open, as were the right carotid and subclavian arteries. The patient, who survived for several years, did not suffer from paralysis of the upper extremities, and the senses were, ordinarily, unimpaired, though occasionally there would be some slight confusion of mind and a vertiginous feeling, especially in suddenly rising from the horizontal, or reclining to the erect posture.

The patient died suddenly, at the age of 55, from the rupture of an aneurism of the arch of the aorta into the pericardium. The intercostal arteries were found to be enlarged at their origin, and seemed to be the principal vessels which supplied the head.

The case in which the late Mr. Aston Key tied the right carotid artery is not without interest at this point. This patient fell into a comatose state after a severe fit of coughing, and died shortly afterwards, having never rallied from the coma. At the autopsy the left carotid was found obliterated by a coagulum. In this case, the vertebral arteries were inadequate to furnish a supply of blood sufficient to maintain the functions of the brain. The period which elapsed in this case, from the time of the operation until the patient's death, was to brief too warrant the supposition that death was occasioned by the white ramollisement of the brain which was observed by Dr. Todd in an instance that he has reported in the 27th volume of the *Medico-Chirurgical Transactions* (London), and which condition he regarded as anologous to senile gangrene. In this instance the right carotid and right vertebral arteries were completely obstructed by a dissecting aneurism of the aorta, and innominata. This gave rise to syncope, hemiplegia, and softening of one side of the brain. Dr. Todd explains the serious effects of obstructing the middle cerebral artery by the fact that it is the principal branch of the carotid within the cranium, and has a less free communication with the corresponding ramifications of the opposite side, than any of the other arteries of the brain.

Perhaps in Mr. Key's patient the branches of the subclavian were obstructed by fibrinous deposits brought from a distance, as in the cases which formed the basis of the paper by Mr. Kirkes, of St. Barthalomew's Hospital, and read before the Royal Medical and Chirurgical Society of London, May 25th, 1852 (vid. MED. CHIR. TRANS. vol. XXXV). Similar cases have also been reported by Dr. Ruhle, a notice of

which may be found in the *Brit. For. Med. Chir. Review*, for July 1853, p. 209. Mr. Key's patient, 61 years of age, died, evidently, from innervation, the result of a deficient supply of blood to the brain. The operation was Brasdor's for aneurism of the innominata, and it is exceedingly probable, that, as the left catotid was found obstructed by a coagulum, branches of one or both subclavian arteries had suffered from the same cause. Sir Astley Cooper's second patient died from apoplexy thirteen years after the operation, and the cerebral vessels on the side of the obstructed carotid were of preternatural size! We may refer to other cases in which the patients have died from cerebral congestion or inflammation. Abernethy's patient died 30 hours after the operation from inflammation of brain (*Surg. works*, vol. 2.); Langenbeck lost a patient 24 hours afterwards from the same cause. (*Archiv. Gen.* t. 19.); Mayo, another on 13th day (*Med. Quart. Rev.* vol. 1.); Miller, another on 8th day (*Lond. & Ed. Month. Journ.* vol. 11.); and others have been reported by Zeiss, Vincent, Randolph and O'Reilly. In the case published by Petit (*Mem. d. l'Acad. Roy. des Sciences*, 1766, p. 758.) of spontaneous obliteration of the right carotid, the patient died 7 years afterwards from apoplexy.

In Professor R. D. Mussey's first case of ligature of both carotids, some 16 or 17 months after the operation, venesection was required to relieve the patient of symptoms of repletion of the vessels of the head.

There can be but little doubt that in many of the cases of spontaneous obliteration of large arterial trunks, especially by coagula, fibrious deposits &c. the other vessels in the vicinity do not escape, and it is to this cause, as we have already stated, that the innervation must be referred, when the carotid or vertebral arteries have been found obstructed. In one instance we tied the right subclavian for aneurism of the innominata (Brasdor's method). The patient died on the eighth day from hemorrhage at the seat of ligature, the result

of imprudent efforts which the patient attempted in defiance of our injunction. The left subclavian and the left carotid were found completely obliterated and condensed into solid cords. The branches of the right subclavian and right carotid were pervious; and from them the brain must have derived its chief supply of blood. What would have been the results, had we, as we contemplated, applied a ligature to the right carotid? An instance has been reported in which both the carotid and subclavian were tied by Rossi of Italy, for aneurism of the innominata, and after death the left carotid and subclavian were found obliterated. For six days the patient survived with a supply of blood to the brain from the right vertebral and other branches of the subclavian on that side. Darrach has given the account of another case, in which after spontaneous obliteration of the innominata and left carotid, life was maintained by the branches of the left subclavian. It can hardly be supposed in either of the last named instances, that life was supported by the right or left vertebral alone. We have been at some pains to enumerate the facts already detailed, as we believe they tend, in the main, to corroborate the doctrine, that after the obstruction of the carotids by ligature, the brain is supplied with blood from other sources as well as from the vertebral arteries.

Although Scarpa and Allen Burns may have been the first to demonstrate, by their injections, that the brain might receive a due supply of blood even after the obstruction by ligature of two of its main arterial trunks, yet to Dr. Mott belongs the credit of being the first to carry out this practice on the living subject. In describing his celebrated operation on the innominata, (May 11th, 1818) he truly observes: "The brain in no operation had been deprived of so large a quantity of blood as in this, and yet it suffered no inconvenience (Mott's Velpeau, vol. 2, p. 325). Græfe, of Berlin, repeated this operation in 1822, and no cerebral disturbance followed. The first operation of trying both primitive carotid arteries

on the human subject, from all the information we can obtain, was performed by Dr. McGill, of Hagerstown, Maryland. An account of it was communicated by Dr. Cohen, of Baltimore to the late Dr. J. Kearney Rodgers of N. Y., and by him furnished to the New York Medical and Physical Journal, vol. 4th, 1825, p. 576. From the imperfect history of the case thus given, we learn that it was performed for fungous tumors of both eyes, with an interval of one month, and that "some interesting phenomena were observed during the progress of the case," but what these were, is not stated, nor are we informed of the precise date of the operation. Professor Mussey's first operation was performed Sept. 20th, and Oct. 2nd, 1827, after an interval of 12 days. This case was reported in the American Journal of the Medical Sciences, vol. V. 1829, p. 316. The patient had an erectile tumor of the scalp. The immediate effects of the operation are thus described:

"The face was a good deal paler after the operation, but the functions of the brain were not disturbed. There was neither nausea nor faintness; the patient rose from the table, stood up, and while standing put on his vest and coat, and tied on his cravat; he then walked down two flights of stairs, got into a carriage, and rode into a distant part of the village without feeling the least symptom of faintness, or manifesting signs of inconvenience."

This patient is believed by Prof. Mussey to be still living. Some 16 or 17 months after the operation, as we have already stated, it was necessary to resort to venesection to relieve him of the overloaded vessels of the head. Within the past two years Prof. Mussey has had another successful case, and in this no cerebral disturbance followed the operation.

Mœller, of Copenhagen, tied the right primitive carotid on the 3rd of September, 1831, and on the 28th of January, 1832 (an interval of 147 days), tied the left. The patient was 4 years of age, and was suffering from an erectile tumor

in the nose. Paralysis of the right arm followed the first operation, and slight somnolency and pectoral disturbance the second, but these symptoms soon disappeared (vid. Porta, *Delle Alterazioni Patologiche delle Arterie &c. p.* 293, or *Rust's Magazin.* B. 28, H. 2. s. 230). According to Prof. Porta, p. 293, Buenger of Marburg, is reported in *Froriep's Notizen*, 1832. B. 36, s. 173, to have performed this operation, but with what result is not stated.

Kuhl, of Leipsic, on the 24th of May, 1834, tied the left carotid on a patient, aged 53, who had a voscular tumor of the scalp, accompanied with much hemorrhage. On the 14th of August of the same year, after an interval of 73 days, he secured the right. The hemorrhage ceased; the face became pale, and he experienced a shivering sensation. About the third day there were cephalea, dysphagia, and paralysis of right arm. The intellect remained unimpaired, and after this no further cerebral trouble was manifested.

In August, 1838, according to Prof. Hamilton, of Buffalo, his brother Dr. T. H. Hamilton, of Saugerties, N. Y. tied the right carotid on a patient affected with epilepsy. In March, 1839, he tied the left carotid. The last operation was followed by palsy of the tongue, which lasted three days. Ophtalmia supervened in the left eye, which was finally destroyed. Dr. Freleigh, of N. Y., has informed us, that he performed the last operation, but Prof. F. H. Hamilton has reported the case in the name of his brother (Buff. Med. Journ. 1846, vol. II. p. 119). A few months since we were assured by a gentleman residing in the vicinity of this patient, that the epilepsey was nearly cured by the operation, and that he was then in good health.

But not to dwell in detail upon the individual cases reported, let us examine the principal feature of interest, which they have presented. The following table drawn up for this purpose, it is believed, contains all the cases of which any thing like an authentic information can be obtained. We give them as nearly as possible in the order of their occurence.

LIGATURE OF BOTH PRIMITIVE CAROTIDS.

	SURGEON.	AGE.	DISEASE.	INTERVAL.	RESULT.
1	Macgill,		Fungous Tumor of orbit	1 month	Recovered
2	Mussey,	20	Cirsoid Aneurism of scalp	12 day's	Recovered
3	Mussey,	28	Cirs. Aneurism on scalp and ear.	28 day's	Recovered
4	Mott and Eve,			1 year	Recovered
5	Mott,		Malign't Disease of Parotid Gland	15 min'ts	Died in 24 hours.
6	Mott,		Malign't Polypus	sev'l mo's	Recovered
7	Hamilton,	18	Epilepsy	6 months	Recovered
8	J. Kearney Rodgers and Van Buren,	y'g girl	Cirsoid Aneurism of scalp	sev'l y'rs	Recovered
9	Preston,	51	Epilepsy	11 weeks	Recovered
10	Preston,	adult	Epilepsy	1 month	Recovered
11	Preston,	24	Epilepsy	5 weeks	Rec'd. felt very weak after op'n.
12	Mœller,	4½ years	Erectile Tumor in nose	147 days	Recovered
13	Kuhl,	53 years	Aneurism'l tumor of occiput	73 days	Rec. slight convulsion after each operation.
14	Ellis,	21	Hemorrhage from gun shot wound of neck	4½ days	Recovered
15	J. Mason Warren,	23	Erectile tumor of face, mouth and neck	32 days	Rec. slight faintness after op. & drowsines'
16	Robert,	y'g girl	Cirsoid Aneurism	8 months	Recovered
17	Blackman,	14	Malign't Disease of Antrum	21 days	Recovered
18	Willard Parker,	42	Malig. Disease of Nose and Orbit	32 days	Died ab't 5 mo's after operation.
19	Name unknown,		Oper. witn'd by Chelius, & mentioned in South-Chelius Am. Ed. vol. ii, p. 566		
20	Mott,		Case reported in circular of New York University for 1855,—56		

It is stated, in the circular of the Medical Department of the New York University (1855–6), that during the past winter both carotid arteries were tied on a patient at Dr. Mott's Clinique. If, as it is to be supposed, this was performed by Dr. Mott himself, then it is the fourth case of the kind which has occured in his practice. The result of the last operation is not mentioned.

We attended Dr. Parker's patient until his death. During the five months which he survived, he was almost constantly under our observation. For several weeks after the last operation, the patient assured us that he was not aware of any unusual feeling in his head, and his intellect was undisturbed. At length, with the extension of his disease, his mind began to wander, and at times he would lose the control of the muscles of his lower extremities. For 36 hours before his death, he became comatose, and from the whole aspect of the case, for a month previously, I suspected *ramollisement* of the brain. In our own case, immediately after the application of the last ligature, vision on that side was destroyed. In the course of half an hour it returned, and no unpleasant symptoms afterwards appeared. His memory, however, was for some months impaired, but is now good. Eight years have elapsed since the operation and his health is perfect.

Langenbeck is erroneously included on the list of the surgeons who have performed this operation: Dr. Norris is guilty of the same mistake in his valuable statistical paper on the ligature of the carotid arteries published in the *American Journal of Medical Sciences* for July, 1847, and the same observation applies to Mr. Erichsen (*Science and Art of Surgery*, Lond, Ed. p. 530). By referring to the *Archives Generales*, tom. XIX, p. 118, it will be seen, that he tied the right superior thyroid to arrest the growth of a pulsating goitre, and that in consequence of secondary hemorrhage from the seat of ligature on the eleventh day, he tied the primitive carotid of the same side. The patient immediately

sank into a comatose state, and died thirty four hours after the last operation.

Mr. Crosse, of Norwich, England, was called upon to tie one carotid, the other having been secured for the purpose of arresting the hemorrhage produced by the extirpation of a parotid tumor, but as compression produced unpleasant effects, he did not venture to apply a ligature. He refers to this case in his *Retrospective Address* before the *Prov. Med. and Surg. Association*, July 1836 (vid. *Transactions* of that body, vol. 5th, 1837, p. 67), and states that the patient fell a victim to the undertaking which he was made to believe necessary to preserve his life. We have no positive information as to the application of a ligature to the other artery. Mr. C. was deterred from applying a ligature to the carotid of the opposite side by the "unpleasant effects" produced by compression. The following extract from Mr. Ferguson's Practical Surgery, 3rd Lond. Ed. p. 630, shows, that compression under similar circumstances is a test upon which we cannot fully rely.

"Being about to place a ligature on the common carotid, some doubts were entertained as to the immediate results of the proceeding, in consequence of the singular symptoms caused by pressure in the course of the vessel. When the ligature was tightened, however, no similar complaints were made, and I conclude, therefore, that the peculiar effects of the previous compression in this instance, were not dependent on the mere obstruction of the blood."

Our table embraces, including the one witnessed by Chelius, and the last reported of Dr. Mott, twenty cases, and of these the operation was followed by fatal results in but two instances. Dr. Mott tied both with an interval of only 15 minutes, and the result was almost immediately fatal. This case is a sufficient refutation of the doctrine laid down by Mr. Miller, in his paper to which we have already referred, and which was published in the *Ed. Month. Journ.* for Jan. 1842. After examining the results of the experiments of Mr. Robert on animals, Mr. M. asserts, that in future, we need not hestitate

to secure both common carotids by ligature simultaneously, should circumstances imperatively demand such a severe proceeding.

The shortest period at which both carotids have been successfully tied, is four and a half days. The operation was performed by Dr. John Ellis, of Grand Rapids, Michigan, to arrest the hemorrhage, proceeding from a gun shot wound of the neck. The patient was 21 years of age. The left carotid was secured, Oct. 28th, 1844, and the right 4½ days subsequently. A slight coldness of the face on the side of the operation followed the application of the first ligature, and there was an occasional throbbing beneath the sternum. There was "slight paleness" after the second operation, and at the end of 24 hours the patient began to suffer from a hacking cough and difficulty of breathing. These symptoms at length yielded to venesection, aconite and belladonna. In June, 1845, the patient was enjoying comfortable health and attending to business (*New York Journ. of Med. Science &c.* Sept. 1845).

In conclusion, we may remark, the mortality following the ligature of both primitive carotid arteries, as shown by our table of cases, contrasts strangely with that in the one drawn up by Dr. Norris, of the ligature of one of these trunks (*American Journal of Medical Science*, vol. XIV. 1847). While his statistics show a mortality of 1 in 4 7–10 cases, our collection of both carotids exhibits but 1 in 20 cases. This estimate, of course, does not include Prof. Parker's fatal case, the cause of death in this being somewhat uncertain.

Hemeralopia or Night Blindness—with the report of a case.

By E. WILLIAMS, M. D.,

The word Hemeralopia has been employed by different authors in directly opposite senses, according to their peculiar notions of its etymology. Some deriving it from *emera* and *optomai*, use the term to signify a peculiar pathological con-

dition in which the patient, enjoying his accustomed acuteness of vision during the day, is unable to see as well as usual at night. Others, adopting a different origin, mean just the reverse, that is *day blindness* and the power to see well by night. Hippocrates attached to the words hemeralopia the first origin, and used it to express night blindness, or the partial or complete loss of the power of discerning objects at the approach of evening and at night. Such also, is the meaning given to it by most modern writers, and we shall, therefore, employ it in this, the most common acceptation.

In the ancient authors, but very few allusions, and those vague and indefinite, are made to this morbid condition. It was not until the commencement of the 18th century, that the affection was described as a peculiar and distinct disease. In 1708, Boerhaave gave an account of it, based upon the observation of a single case, published in the Memoirs of the Royal Society of London, and advanced the doctrine that its essential character consisted in a *strong contraction of the pupil.* Since then, many interesting monographs have been written on the subject, of which one of the most complete, is that of Mr. Bampfield, published many years ago in the Medico-Chirurgical Transactions. His description was drawn from observations upon some three hundred cases, which came under his care in the East Indies in a comparatively short time.

SYMPTOMS.—The disease usually commences suddenly. In the evening about sunset or between that and dark, the patient perceives all at once, that every thing appears to him as if seen through a dense fog, and in the course of a very few minutes, may find himself unable to recognize even very large objects. At other times the paroxysm is more gradual in its approach, and does not attain to its maximum of intensity in less than one or two hours. In both instances, whether the sinking of the faculty of vision be instantaneous or gradual, complete or partial, it lasts generally till the following morning, when the

patient again recovers his wonted distinctness of sight. The same thing occurs every night during the whole duration of the malady. Sometimes the *degree* of impairment of vision remains the same each night from the onset, till the final disappearance of the disease. At others it grows worse each successive evening, and does not reach its greatest intensity for several days.

By far the most usual form of hemeralopia is that in which the patient enjoys his ordinary sharpness of sight during the day; but at the approach of night, in the absence of moonlight and all artificial illumination, is unable to see at all or sees but very imperfectly, in circumstances where a healthy individual can discern objects pretty well and conduct himself securely. In a strong artificial light, most hemeralopic patients are enabled to recognize large objects with tolerable clearness, and some can even read large print. To others, as soon as the sun sinks below the horizon, all nature is shrouded in the profoundest of Egyptian darkness, however brilliant the illumination. It is a remarkable fact, that persons laboring under this curious disease, see quite as well during dark cloudy days, as they do when the sky is clear and the sun unveiled. It has even been said, that some hemeralopic patients have been enablad by the changes in their powers of sight, to tell the exact time of the rising and setting of the sun in the most intensely cloudy weather!! Such cases have been, however, too carelessly reported to entitle them to much credit, except from the *lovers of the marvelous.*

In the majority of cases of hemeralopia there are no symptoms, either subjective or objective, of simultaneous disease or derangement in any other organ. Occasionally the development of the affection is preceded for a longer or shorter time, by headache, vertigo, ringing in the ears, the appearance of *muscae volitantes*, flashes of light and other symptoms of conjestion or irritation of the brain. McKenzie has seen it come on with momentary paralysis of the limbs; and Boyer gives an account of one instance where it followed a

pain and numbness of one leg that recurred every evening for several days previous to the attack of hemeralopia. It has been observed to accompany and alternate with intermittent fever. Derangements of the stomach and bowels not very unfrequently precede its development and continue till the disease subsides. Hemeralopia is sometimes sympathetic of worms in the alimentary canal. Mr. Lawrence quotes a case in point from the "Journal des Connaissances Medico-Chirurgical, for September, 1835. It was a boy, who, in the enjoyment in other respects of good health, had been for several days deprived of the power to see at night. A dose of castor oil caused the evacuation of a large number of worms. From that time his sight at night began to improve and in a few days he was quite well. Night blindness has in several instances, been observed as a symptom or concomitant of *scurvy*, of which the case that I shall report below, is a remarkable example.

In regard to the eyes themselves, there is usually nothing observable, unless it be some dilatation of the pupil and sluggishness in the movements of the iris. In an article on this subject in the 15th volume of the *Dictionnaire de Medicine*, there is a quotation from Fournier, who says that in 70 cases of hemeralopia which he had examined with great care, the pupil was very sensibly dilated in all.

Bampfield remarks, that in *one twelfth* of the patients, the pupil is very largely dilated during both day and night. In other instances, it is not materially altered in the day time, but extremely dilated at night, and entirely immovable under exposure to the moonshine or the strongest artificial light. Dr. C. S. Fenner, of Memphis, Tenn., reports in the New Orleans Medical and Surgical Journal, a case that came under his notice in the summer of 1847, in the northern part of Alabama, where the pupils although perfectly normal in size and activity during the day, as soon as night approached became as widely dilated as in the artificial Mydriasis, produced by the application of belladonna. A strong lighted candle brough

even within two inches of the eyes, did not produce the slightest contraction of the pupil or any perception of light. Dr. F. states that he treated several other *similar* cases in the same region of country soon afterwards, but does not say in so many words, that he observed the same facts in regard to the pupil. The idea of Boerhaave, that the disease consists essentially in a marked *contraction* of the pupils, is certainly erroneous, as proved by the researches of those who since his time, have had the most frequent opportunities of seeing the affection. The single case from which he drew his deductions, was doubtless one of myosis or permanent contraction of the pupil, either from *irritation* of the 3d pair of nerves which presides over the sphincter muscle of the iris, or *paralysis* of the motor filaments of the great sympathetic which animate the radiating fibres of the same organ.

Hemeralopia is most frequently observed in tropical regions, especially in the East and West Indies and in China, where it is said to be exceedingly common. It has been met with also in some countries of South America and in the Southern parts of the United States. In some places in France, Poland and Russia, the disease is endemic. There are certain villages in France, where it used to occur every spring in March, and disappear in July or August. In the town of Saint Martin, one twentieth of the inhabitants were frequently attacked during the Spring and Summer. In Follainville the proportion was still greater, amounting to more than one-tenth of the population. It affcted persons of all sexes and ages, except young children. Men were much more frequently attacked than women, and it was confined almost exclusively to the laboring classes, who were necessarily often exposed to damp and cold at night after the severe heat of the day. In the *Dictionnaire de Medicine*, there is an account of an epidemic of hemeralopia, that occurred every summer for five years in succession, among the children of an institution in Berlin. There were in the asylum, on an average, about one hundred children, of whom a certain num-

ber were attacked each season, notwithstanding that no appreciable and satisfactory cause could be detected. In the year 1834, thirty-two children out of the one hundred were affected with night blindness (8 less than the preceding year.) In fourteen, the disease commenced in April; in thirteen, in May and 5 only were seized in June. During the preceding years all treatment had proved unavailing, and hence, that time, the disease was allowed to run its course, uninfluenced by any medication. They all recovered, but the greatest number not till in August. In ten children, the duration was four months; in fourteen, three months; in two, four months, and three cases only recovered after 4 weeks. Three of the children had been attacked each season for five years, and twelve for four years. A similar epidemic once occurred in a boarding school in Paris, situated in the south-western part of the city, in a low wet locality. But as an epidemic hemeralopia has most often been observed among soldiers and seamen, and of these, those exposed to the greatest hardships and privations, especially those who were stationed on guard at night, have been principally affected. Officers of the armies have very rarely been subject to the disease.

As to the causes of this remarkable affection, but little is known with any degree of certainty. If one examines closely the circumstances that have attended the different epidemics that have prevailed, he will find perhaps; that it seems to have been most often due to the combined influence of cold and dampness after long exposure to the bright rays of a hot sun and great fatigue. It has also been attributed to that *etiological Proteus, malaria.* In some cases it is evidently due to the exhaustion of the retina by long exposure to the bright rays of the sun, especially when reflected from snow, ice, water, pebbles, sand, &c. There are a few well authenticated cases of congenital hemeralopia. Richter reports three cases of congenital night blindness, all occurring in the same family, of whom the parents were perfectly free from the affection. They had all arrived at the age of matu-

rity at the time he gives the account, and one of *them had never seen a star*, a second had only been able to recognise seven stars. Every sort of treatment had been unavailing.

Dr. Cunier, of Belgium has lately recorded a remarkable example where the disease, probably congenital in the first instance, had been transmitted by hereditary descent through many generations. The facts in the case I find in Mr. Lawrence's treatise on the eye. In the hospital at Montpellier Dr. Cunier saw a young conscript who claimed exemption from military service on the ground that he could not see at night. He alleged that it was a hereditary disease in his family and Dr. Cunier, in order to inquire into the facts of the matter, repaired to the *commune* near Montpellier where the young man lived. The received tradition of the whole country dated the commencement of it from a certain *Monsieur Nagouret*, who had lived some two centuries previously, and so far as known, it had never been observed in any other families than those descended from him. Dr. Cunier by the assistance of a *learned antiquarian* drew up a genealogical table about *seven feet long* of which the following were the results. The first generation which was the immediate family of the famous patriarch, Nagouret, consisted of three persons, two sons and one daughter, who were all hemeralopic. The second generation consisted of sixteen persons of whom ten were subject to that infirmity. Of the third generation 14 out of eighty-one souls were blind at night. The fourth, numbering two hundred and eight, contained twenty-three *night blunderers*. In the fifth, not yet complete, there were twenty-four in two hundred eighteen, and in the sixth, including one hundred and three, there were eleven hemeralopics. In more than six hundred individuals descended from Nagouret in the last two centuries, of whom from one-seventh to one-eighth have been subject to night blindness, there is no instance of the disease in children of parents who were themselves free from it. It was also oftener transmitted by women than by men. In all the patients examined by Dr.

C. at that time the pupil was very large and entirely immovable, even when exposed to the direct rays of the bright sun of that region. *At night*, however, it was *smaller* and *responded, though not very actively, to light.*

The duration of hemeralopia, when not congenital or hereditary and left entirely to itself, varies from a few weeks to three or four months. When properly treated it generally yields in a very few days. During the prevalence of some epidemics, however, it proves refractory to all medication. Such was the case in the children's asylum at Berlin.

TREATMENT.—If there is derangement of the stomach and bowels, of course emetics, purgatives &c., are the most efficacious remedies. If there is plethora, full, hard pulse, head-ache, tinnitus aurium, &c., bleeding, general and topical, followed by emetico cathartics and, if there is reason to suspect the influence of miasmatic causes, quinine usually arrest it very promptly. Mr. Bampfield, after trying faithfully all the methods of treatment, gives the preference to mild cathartics and a succession of small blisters to the temples. Dr. Fenner, in the cases referred to above, resorted to active cathartics followed by liberal doses of sulphate of quinine, with success. If the disease presents itself as a symptom or concomitant of scurvy, remedies adapted to the cure of that affection are especially indicated.

As hemcralopia is a very rare affection in this climate, it may not be uninteresting to give the particulars of a case which I had occasion to treat recently at the city Dispensary. It was an irishman twenty-five years of age, of a bilious temperament, a common laborer who had been employed for some months on the wharf in loading boats. He called to consult me at the clinic on the 19th of June, and stated that about the first of April last he began to observe that he did not see as well as usual at night. He could not go alone along the streets, except such as were very well illuminated, and if caught out after night could not find his way home on Water street.

In the evening about seven and a half o'clock he began to feel feeble, and experienced some degree of giddiness with slight ringing in the ears. These symptoms lasted about half an hour, when his sight suddenly failed and remained bad till next morning. These attacks returned regularly at the same hour every evening for about two weeks. On getting up one morning he remarked that the ball of his left eye was *blood shotten.* This ecchymosis extended gradually to the lids and thence down over the cheek and, as the patient says, looked almost black. Several such patches appeared also between his shoulders and there was swelling and redness of the gums with constant oozing of blood around the roots of the teeth. A few days afterwards he had a tooth extracted and it bled freely at the time and continued to ooze out slowly for some forty-eight hours. It is well also to state that for many months previously he had lived almost exclusively upon salted hog meat. Immediately upon the appearance of these patches of *purpura* his *night blindness ceased,* and he continued to see as well during the night as ever in his life, for about seven weeks. The ecchymosis of the eye and skin had then almost entirely disappeared. One evening about eight o'clock, after a feeling of weakness and giddiness which had lasted some twenty minutes or half an hour, he became suddenly blind. From this time during a period of four weeks up to the day on which I first saw the patient the same thing precisely had occurred every evening and night, the disease neither getting worse nor better. At night in the absence of artificial light he could not see a particle. In a strong light he was able to recognise large objects but could not see the letters of a book. This inability to see lasted till near morning, because as it seems when he awoke, as he did in a few instances, about one or two o'clock he noticed already an improvement in his clearness of vision. On rising at four in the morning, his usual hour, he saw quite well. During the whole day he declares that his sight was not in the slightest degree impaired, and by

trial I found he could read readily the finest print and see small objects at the ordinary distance very well. His appetite had been constantly good and his bowels regular with the exception of a slight attack of dysentery which he had a few days before I saw him, but which had subsided spontaneously. With the exception of the slight feeling of debility and vertigo each evening and a "*terrible roaring in the ears*" that troubled him very much for some two days previous to the occurrence of the purpura and then subsided, he has had no head symptoms. He had never been affected with chills and fever or any form of the venereal affections. Actual condition. (June 19.)

Patient is stout enough to continue his ordinary labor and says he feels well. His countenance rather dull and his speech slow but seems to enjoy a good use of his intellectual faculties. The only remaining evidence of the ecchymosis is seen in the lower half of the conjunctiva oculi of the left eye, which still has a well marked yellowish brown color. The movements of the eye balls are slow and effected with some difficulty. It is especially difficult for him to turn the eyes outward, particularly the right, far enough to bring the edge of the cornea under the external commissure of the lids. The upper eye lids droop so as to give him a sleepy appearance and in walking he holds the head backward and at first view resembles a person affected with amaurosis. By a strong effort of the will, however, of which he is very sensible, he can elevate the lids nearly as high as in the normal condition. The *associated movements* of the two eyes are not very well performed, yet I can not discover that the patient is troubled with *diplopia.*

The pupils are rather largely dilated and sluggish in their movements. They do not act sufficiently promptly under varying degrees of light and their excursions are less extensive than in a healthy eye. In all other respects the eyes appear perfectly normal. I examined the patients eyes at night but not till after he had been subjected to treatment.

By candle light I found his pupils much more dilated and less active than those of the young man who led him to my office. They contracted considerably when the light was brought very close to his eyes but still were at least twice as large as those of his companion under the same circumstances. Treatment.

I ordered fifteen grains of quinine to be taken in the evening in three doses, at four, five, and six o'clock.

The next day, June 20th, patient comes to the dispensary and says he saw much better last night than at any time since the disease had commenced. He does not hear any ringing in the ears or feel any effects of the medicine.

Ordered a blister, the size of a quarter of a dollar, to each temple. June 21, 10 A. M. Patient says his sight at night has very much improved. His pupils to day are somewhat smaller and act more freely under the influence of light. Same sluggishness in the movements of the eyes. Ordered five grains quinine at five P. M. and a small blister on each side of the forehead.

June 22. Sight at night still improving—pupils smaller and more active. Ordered five grains quinine the following afternoon. The patient returned no more to the clinic because his sight by night was quite restored.

I met with him in the street about two weeks ago and he told me he was entirely well. His pupils were then perfectly natural in size and activity and the movements of the eyes in all respects free and harmonious.

The points of special interest in this case are its connection with scurvy, the fact that it preceded the appearance of the *purpura hemorrhagica*, subsided when the ecclymosis occurred and returned again after seven weeks when the blood had been absorbed; its persistence afterward in the same degree, and finally the readiness with which it yielded to the simple treatment instituted.

Chorea.—Notes from my Case Book, by V. KERSEY, M. D. Milton, Indiana.

Mrs. H., widow of one husband, aged sixty-nine years, has had sixteen living children, at as many births, the first in her seventeenth, the last in her fiftieth year. Has been a woman of great constitutional vigor, and has generally enjoyed good health. For the last ten or twelve years she has had frequent paroxysms of suffering from dyspepsia, attended with distressing palpitation of the heart, and nervous irritability. These paroxysms have been increasing in frequency and severity of late years, besides she has suffered a large share of the time, from dull pain in the back of the head and neck with vertigo, unsteadiness of the limbs, dispondency, wakefulness, and inability to to sit still. The latter symptom has been so decided as to force her to give up attendance at church. She has long been a great drinker of coffee and tea, and a notable smoker of tobacco. For the above symptoms she used aperients, camphor, valerian, hyosiamus, etc. and enjoyed an improved condition of health for some weeks, when on the sixth of July, I was again requested to see her.

I found her walking the house in an irregular, starting and peculiar gait, her articulation imperfect, spasmodic action of the muscles of the face, neck, trunk, and extremities, her tongue portaded from her mouth, and instantly retracted, and her eye balls rolling in their sockets. In a word, the motive powers of the entire body were in such a state of anarchy, as to leave no doubt that the will was dethroned. I requested her to remain entirely still for one minute—this she attempted, but after a few seconds of very partial restraint upon some of the more manageable members, the involuntary movements were resumed with an energy not before exhibited. I now requested her to perform certain regular movements, requiring attention and control of the voluntary musceles. This was accomplished, very imperfectly, and awkwardly at first; but soon involuntary motion was less apparent than before.

The case is one of very well developed *chorea*. There is no unusual derangement of the degestive organs, the bowels act daily, appetite pretty fair, less dispondency, palpitation, and dyspeptic distress than two or three weeks ago. Says her head feels unnatural, that she slept none last night, but was constantly harrassed with involuntary movements, of the nature and cause of which she was entirely ignorant.

She was required to keep the bowels open by the use of unirritating aperients, and to take liberally of infusion of cinucifuga racemosa. In three days she had consumed four ounces of the root, had not been still, nor slept a minute; the tongue was clean and sore, probably on account of frequent protrusion against bad and broken teeth. The saturated tincture was substituted for infusion of cim. rad., and given in drachm doses every 3 hours. Camphorated Dovers' powder was given in the evening, with a design to procure sleep.

Fourth day of treatment.—Slept a little last night. Tongue and fauces still sore—profuse salivation—large livid spots on lower extremities, probably from slight bruises inflicted by her ungoverned movements. Motions of left side may be restrained; right side slightly improved; appetite poor; increasing debility. Says her head feels more natural. Continued treatment.

Fifth day.—Has had frequent short naps of sleep, during which she was entirely still; and has frequently been nearly entirely still for a few minutes at a time when awake. The left extremities entirely subject to the will. Frequent deep sobbing, from spasmodic action of the respiratory muscles. The bowels easily kept right. Tongue and fauces still sore, and secretion of saliva profuse. The gums are sound, the salivary glands not swollen, the mercurial fetor not present, though the patient has had three ordinary pills of blue mass within five days.

Sixth day.—Mrs. H. is capable of lying entirely still for several minutes at a time. In conversation she sometimes

uses a word she did not intend to use. This I thought I observed repeatedly before, but to-day it is unquestionably the case. When it occurs, she is conscious of having said something amiss; but corrects such errors slowly, and with difficulty. Profuse secretion of saliva; tongue less sore; apetite poor; pulse frequent and irregular, and observed accurately now, for the first time since the attack. Continued treatment, and give half a drachm of precipitated carbonate of iron, three times a day.

Seventh day.—Has seen too much company to-day; greatly disturbed; often uses words she did not intend. Her ideas seem distorted. Continued treatment.

Fourteenth day.—Gradual improvement, and nothing remarkable since last notice. Patient free from signs of chorea, except when excited. Appetite fair, and sleeps well, for her, though she has long been a poor sleeper.

In this case, the advanced age, and obvious decline of general health, were regarded as bearing unfavorably on the prognosis. The early recovery was not expected; but has been fully confirmed by time. In this, and a few other cases where it has been administered to younger patients, the liberal use of cimicifuga rasemosa has been followed by prompt and decided improvement; insomuch, that, after attention to the secretions, I should rely upon its use, unless some complication clearly indicated a different remedy.

The reports of Hospitals abound with cases where the victims of sqalled poverty are admitted to the wards, and to the enjoyment of fresh air, sunlight, healthy food, cleanliness, regular exercise, and rest. Here, after a thorough course of purging, and the persevering use of zinc, silver, iron, or the like, for three or four months, a considerable proportion of the patients recover good health. All this, however, is far from conclusive of the value of the medicinal agents employed. A regimen so valuable might well be relied on to restore health in a large proportion of cases like these, where disease is due to a life at variance with the laws of nature.

What is the proximate cause of this singular disease? An inquiry that has been pursued by many medical writers, and has resulted in much diversity of opinion. The great majority, however, seem to rest satisfied with referring the disease to debility, gastro-intestinal irritation, or other general causes capable of producing great excitement, either physical or mental, without any distinct lesion of the nervous system. While this same debility, gastro-intestinal irritation, etc., are the acknowledged attendants of very many other diseases, and with at least an equal claim to probability, are regarded as causing a considerable proportion of them. All these, and many other disordered manifestations, have doubtless occurred in connection with chorea, in the endless diversity of morbid phenomena. And yet we are far from justifiable in pronouncing that any one of them, or any known combination of them, is the cause of this remarkable disease. There is, however, no doubt, a definite lesion, which, whenever it occurs, is followed by that peculiar manifestation of involuntary muscular motion, which we call chorea. And this lesion, though, at present, unknown, is undoubtedly the proximate cause of chorea in every case. It is, also, in the highest degree probable, that if the physiology of every portion of the nervous system was fully understood, the problem before us would be of easy solution. On this principle some writers refer the disease to disorder of the spinal system of nerves. But there seem to be some insuperable physiological objections to this view of the subject. The actions of this nervous centre are strictly automatic. The direct application of an irritant to the motor tract of the spinal cord, is capable of exciting muscular contractions. A stimulant applied to the perpheral extremities of the nerves of common sensation, excites muscular contraction by reflex action. These automatic actions are best produced when the muscular system is withdrawn from the restraint or control of the will, as in profound sleep or coma. The spinal system never sleeps, but during organic integrity, is ever ready to

respond to the appropriate stimuli, independently of the condition of the encephalon. Irritation of the spinal cord, whether direct, or through the medium of its different nerves, will then more certainly produce involuntary muscular action, during sleep or coma, than in the waking state. But we find the subjects of chorea mostly entirely quiet during sound sleep, and always more so than during the waking state—a fact which points to a location above the spinal cord as the primary seat of this disorder. Moreover, the aggravation of the symptoms, which may generally be observed on exciting the emotions or passions of the sufferer, affords an additional reason for locating the lesion higher up, in the more immediate vicinity of the sensory ganglia: and indicates that the spinal system is agitated by disordered impressions originating above, and propagated downwards. Accordingly, it is maintained by some, that menengitis, or arachnitis, is the proximate cause of chorea. But, besides the entire want of accordance between the ordinary symptoms of either one of these well-known diseases and chorea, it should be borne in mind that the function assigned by physiologists to the hemispheric ganglia, is purely intellectual; while the disease under consideration involves mainly, if not exclusively, the motor faculties. It seems to me to be much more in accordance with enlightened physiology, to refer the disease to some lesion of the corpora strata. We may regard these bodies as the *superior motor ganglia* of the nervous system. Situated in close anatomical relation with other ganglionic centres, they originate motor impulses, answering, on the one hand, to sensations excited through the sensory ganglia; and on the other, in obedience to the mandates of the will. In the physiological state, muscular action is perfectly obedient to these, its appropriate stimuli. But in case of softening, or other grave lesion of the *striated bodies*, perfect loss of the power of voluntary motion occurs. The intellectual faculties and the senses may be unimpaired; the power of volition may remain in full force; and yet the will is not obeyed. Be-

cause the motor ganglia are incapable of originating a motor impulse, in obedience to the usual stimulus. Yet in this case automatic muscular action is readily induced, by exciting the spinal system of nerves; while in chorea, it is probable that these bodies are so disordered as to be capable of originating motor impulses, aside from, and independent of, both volition and sensation. And in this case, we should naturally expect the movements being originated without volition, they would be conducted without system. An effort of the will to control these disordered movements, operating as it must on the striated bodies, if it failed through the disorder of the organ, might be expected to increase the agitation. The same increased disturbance would result from excitement of the passions or emotion. But as these bodies respond only to the will, and to impressions made on the senses; and, like them, probably enjoy periods of functional repose, we should look for the involuntary motions to cease, when the intellectual faculties, the will, and the senses were locked in profound sleep. Such being the phenomena in chorea, it affords an additional disorder of the *corpora striata.* It is physyiologically probable that, in simple chorea, these bodies are the sole seat of disease, and disordered movements the sum of the phenomena. A propagation of the disease to surrounding ganglia, will, of course, produce a corresponding complication of phenomena.

A Plate of Artificial Teeth swallowed and subsequently discharged per anum. By JAMES PHILLIPS, M. D., of Nashville, Illinois.

Having noticed a case reported by Dr. Mussey, of Cincinnati, in the Lancet for October, 1853, somewhat similar to the following, it occurred to the writer that the following would be *a fortiori* the more interesting from the fact of the plate being larger and the teeth more numerous.

Mr. J. W. Y., of this county, on Saturday, in January,

1854, while at dinner, in the act of swallowing a piece of bread, accidentally disengaged and swallowed a heavy gold plate, having a clasp on the left side, fastened to the first bicuspid, with the right clasped to the cuspidatus of its corresponding side. The plate supported a full set of heavy incisors for the upper jaw, four in number. The patient living five miles in the country, concluded to try his hand at the practice. He says he felt somewhat trepidated at the time of the accident, but soon relieved his fears by a reflection that, as he believed, "nature had made a way for the getting out of whatever could get in." He soon took a dose of purgative pills, which he happened to have at hand; they operated freely but brought away no teeth. He then reasoned in the following manner, that so long as he continued to take purgatives the contents of the bowels would be liquid and thereby be but illy calculated to surround and carry along the foreign body. That the liquid fæces would pass by the plate, leaving it entirely naked and free to be caught by the clasps in the convolutions and there remain, whereas had the faeces been indurated the inequalities of the plate would be concealed in the mass and quietly be carried through the intestinal tract. He therefore took no more pills, but ate his accustomed food, and keeping at his usual avocation, that of a farmer, quietly awaited the result. On Tuesday morning two days and eighteen hours from the date of the accident he passed the plate per anum, with but little pain, surrounded and impacted in a mass of indurated fæces, thus relieving him of all apprehension of further trouble.

The practical point to be deducted from the above would be for the patient to use that kind of food that would make bulky solid fæces; placing no reliance on the efficacy of medicines that increase the peristaltic action of the bowels. Preferring also an erect position of the body a part of time, as required by out-door work, thereby alternating with the decubitus of night.

Proceedings of Societies.

Proceedings of the "Montgomery County Medical Society."—Quarterly Session.

The "Montgomery County Medical Society" met at the Phillip's House, Dayton, at half-past 10 o'clock A. M., and was called to order by the Vice-President, Dr. COONS, the President, being absent on account of illness. The minutes of the last regular and adjourned meetings were read and approved. Two new candidates were then proposed for membership and elected. The report of the Committee, appointed at the last meeting to revise the Constitution and Fee-bill, was next called for. As the Committee had been unable to agree upon the requirements for admission into the Society, two reports were presented; a majority report, signed by Drs. REEVE and CAREY, and a minority report, signed by Dr. SHEETS. The minority report advocated graduation, and a considerable degree of attainments as indispensible to membership, to which the majority report was opposed, particularly graduation. After considerable discussion, by Drs. Taylor, Sheets, Koogler, and Davis, the majority report was adopted. On motion, the Society adjourned until 2 o'clock P. M.

AFTERNOON SESSION.—The Society met at 2 o'clock P. M., and was called to order by the Vice-President. Dr. McDERMONT entertained the Society with a very interesting paper on "Medical Reform," of which we give the following synopsis:—

"While medicine as a *science* never occupied a loftier position, or rested on a firmer basis, than at the present day, there never was a time when the *Profession* of Medicine was so deeply degraded. Though individual members of the profession occasionally attained to eminent distinction and influ-

ence, the great body of Doctors were regarded by the masses with sentiments of distrust and ridicule. The admission of unworthy members was the fundamental cause of all the evils under which the profession labored. Hence the universal desire, on the part of intelligent members, to have the standard of qualifications elevated.

"The public should not be censured for regarding the profession at large with so little favor. It would be absurd to expect them to hold any better opinion of it, so long as they are accustomed to behold in its ranks men whom they know to be illiterate and dishonest; and so long as they see such men openly recognized and taken into fellowship by the regular and otherwise respectable physicians.

"The colleges are chiefly to blame for admitting so many unworthy members. Faithless to their sacred trust, they have, in most instances, sacrificed the interest of the profession to their own aggrandizement. Instead of rivalling each other in the investigation and dissemination of scientific truth, they have been carrying on a most inglorious rivalry in the sale of parchments. Like the Jewish Synagogues, our medical institutions have been converted into places of merchandize; lecture tickets and diplomas constituting the stocks in trade; and to one unacquainted with professional policy, it is highly interesting to observe the artifices by which the unsophisticated student is entrapped:

"To so great a degree has this rivalry between the schools progressed, that any broken-down mechanic, who is too lazy to make an honest living, can now become a Doctor, by purchasing tickets for eight months, and paying a graduation fee. It is not necessary that the paying party should listen to, or understand the lectures for which he pays; he may never have opened a medical book in his life, he may never have seen a human stomach, or breathed the air of a hospital: he may not comprehend a line in his diploma: the only essential pre-requisite for graduation is ability to pay.

"After showing that there was no longer any use in ap-

pealing to the colleges, to correct their abuses, he proceeded to demonstrate that it was equally useless to look to our State and national associations for any salutary measures of reform. These bodies had never achieved any good in this behalf; and, whether owing to their defective organization, or to the undue influence exerted over them by the "schools," he was fully persuaded that they never would do any good.

"He argued that the power of rescuing the profession from its degradation rested with the local medical societies; they had the power of determining the character of the profession in their respective localities. He indicated three measures, which, if rigorously adopted, would result most favorably to the well-being of the profession. 1st. Such alteration in the Constitution and By-laws of each county Society as would effectually exclude all unworthy applicants for admission, and render membership therein desirable by every competent practitioner.

2dly. The cultivation of the closest harmony of feeling and action among scientific physicians, and a declaration, on their part, of uncompromising resistance to everything that would lower the dignity, or mar the purity, of our noble profession.

3dly. The enactment of a law, in each society, forbidding any member thereof to receive into his office a student of Medicine, until such student shall submit to an examination, (by a Committee appointed for the purpose) and shall obtain from said Committee a certificate of the fact that he is duly qualified to enter upon the study of Medicine.

Space will not permit us to notice Dr. McD.'s remarks in respect to the importance of these measures. He argued that no man should be recognized as a Doctor who had not gone through a regular course of study, and should not be eligible to membership in a medical society, unless he had a diploma. A diploma is evidence of the fact that the possessor of it had enjoyed the means of education, and, therefore, while it was of no value as an index of acquirements, the want of it was sufficient evidence of defective qualifications.

The adoption of such a measure, by all the societies, would have the effect of removing from the vulgar mind an impression as erroneous as it is popular; viz., that it is an easy thing to be a Doctor. The safety of the community demands that this be corrected.

Were the arduous labors involved in the study of Medicine properly understood by the public, and were the public mind imbued with the sentiment that no Doctor is worthy of the name, or entitled to any confidence, unless he has subjected himself to those labors, we would not find as many illiterate men rushing into the profession, and thousands of lives would annually be spared, that are now sacrificed at the shrine of quackery.

"The profession are highly censurable for not laboring more strenuously to disabuse the popular mind on this point. To accomplish this end, every effort should be made. We should, with sacred scrupulousness, separate ourselves from all who are known to be unworthy and incompetent. We should boldly avow the doctrine, that the science of Medicine does not come by instinct or intuition. We should inform the public, and especially those who are contemplating a medical career, that a Doctor is not *born*, but *made;* and that to make one requires; 1st, a fair degree of mental capacity; 2dly, a good academic education; 3dly, sufficient means to secure the advantages of College and Hospital instruction; and 4thly, years of patient and persevering study. Let this doctrine be promulgated, and very soon there will be a broad line of demarkation between the true physician and the pretender; a line, too, which the people will speedily discover, and learn to respect.

"The necessity for a higher standard of medical attainments is nowhere so imperiously demanded as in the West. Here quackery has achieved its greatest triumphs, and here the profession has reached its lowest degradation.

"In some portions of the Eastern states, and in all the nations of Europe, it is customary and necessary for the

medical aspirant to acquire a thorough literary education before he is allowed to enter upon his professional studies. But in our country the order is reversed. Here it is the custom for a man to make himself a Doctor first, and afterward betake himself to the grammar and spelling-book; not that he deems a knowledge of Kirkham or Webster essential to his perfect understanding infallible cure of disease, but, if he devote himself to them at all, it is mainly with a view to authorship.

"It is a serious fact, that the ambition of these fast-made and self-constituted Doctors is not satisfied with having their names and *pseudo*-titles emblazoned on gilded signs and bright door plates; nor even by having them enrolled in the register of their county society, (which is often accessible to them) but they must be contributors to the medical press! Indeed, so intense is the "*cácoethes scribendi*" among these modest and enterprising gentlemen, that some of them have been known to contribute to several journals; and if, perchance, their miserable orthography, and worse syntax, cause their articles to be rejected in one printing shop, they do not suffer themselves to be disconcerted thereby, but, conscious of the vast importance of their *experience*, to the medical profession, *and 'the rest of mankind,'* they pass it around, from one establishment to another, until they light upon a printer who is capable of appreciating what is truly excellent, and who has an oesophagus of such ample dimensions as to admit of his bolting the most grotesque forms and figures of speech!"

Discussion.—Dr. Sheets thought the paper was a very good one; that it met his views precisely. Was sorry it had not been read before the vote was taken on the majority report, as the result might have been different. Had discussed the principal points fully, on a former occasion, and would not occupy time now.

Dr. Taylor thought the paper deficient, as it spoke of evils, but did not propose a remedy. Was of opinion that there

are as good men in the West as there are in the East. Had been educated in the East, and had practiced, and mingled with men there, and thinks that practitioners here are entitled to as much respect as they are there. Thinks that science has not advanced more in the East than in the West.

Dr. McDermont asked permission to correct the gentleman. He had *not* instituted a comparison between the intelligent men of the East and West; but he meant that quacks are more abundant here, and have more influence, and on this account more odium is attached to the profession here.

Dr. Davis felt under obligations for the paper. Said that it contained many home truths, which are of benefit, not only to ourselves, but to the community at large.

Dr. J. C. Reeve now read a paper on the *third stage of labor;* being a review of one on the same subject, by Dr. Carey, which was published in the *Medical Counsellor*, July 14th, 1855. The paper was well written, and elicited considerable discussion. I subjoin a brief abstract.

The Doctor commenced his paper by stating, "that the doctrines advocated in the paper of Dr. Carey were opposed to authority, and to physiological principles, and his mode of treatment could not but be dangerous to the mother. He therefore thought it a duty to expose its errors."

He then mentioned some of the changes which the treatment of the Placenta had undergone from the "*immediate delivery*," previous to Ruysch, Hunter, and Denman; the abolition of this by them, and their opposite error of relying entirely upon the powers of nature. He showed that a course between these extremes was now recommended by all authors, and followed by all practitioners. This standard course was then contrasted with that recommended by Dr. C.; and his paper was quoted to show that he invariably extracted the secundines immediately after the birth of the child, never waiting for their spontaneous expulsion; and that he had had but one case in which more than six minutes elapsed before he got them away.

The evils resulting from unnecessary interference and needless haste in getting away the afterbirth, were now shown by quotations from Meigs, James, Burns, John, F. H. Ramsbotham, Devrees, Bandelocque's, Chailly, and Murphy.

The reasons adduced by Dr. C., for his course of conduct, were stated to be two; 1st, "a saving of pain to the patient;" 2dly, "a saving of time to the physician." The reviewer denied the first, in *toto*: the second was considered as "trivial, unscientific, and heartless!"

Complaint was then made of the unfair treatment, rendered by the paper, to the body of the profession; and quotations were made, showing wherein, by implication, other practitioners were charged with *neglecting* certain *precautions* which are taught in every text-book, and practiced by every physician,—but which, we would infer from Dr. C.'s paper, were entirely *original* with *him*.

After touching upon some other points, the Doctor closed with some severe remarks upon the modesty with which the experience of a few years' practice was brought forward against that of such men as Devrees, Denman, Meigs, and others, well known to the profession.

Discussion.—Dr. Carey said he did not claim originality in manual delivery of the Placenta, and in this the paper fell short of a review. He received his views from a paper read by Dr. J. B. Smith, before the Cincinnati Medico-chirurgical Society, in 1849. He read a letter from this gentleman, which still advocated the same views. The Doctor quoted Meigs, Devrees, and Churchill, who recommend measures not very different from what he proposes. He urges the use of the means for the contraction of the uterus, and does not deliver the placenta without regard to the condition of the womb. He contended that the womb could be made contract without waiting half the time given by the authorities; that it was an unwarrantable waste of time to wait an hour or an hour and a half to deliver the placenta; and that it was im-

material by what means the womb was made contract. Read a letter from Dr. Jno. A. Murphy, of Cincinnati, who coincided in his views. Has no disposition to change his practice. Thought the allusion, as to the *motive* in the writing of his article, entirely gratuitous, and unworthy of a member of this society.

Dr. Haines thought there was not as much difference between the original paper and the review as the gentlemen supposed. The Dr. proceeded to speak of the means to promote the contraction of the womb, and the delivery of the placenta. He thought the cases were rare ones in which manual delivery was resorted to, as advised by Dr. Carey.

Dr. Coons left the chair, temporarily, to participate in the discussion. He said, in speaking of the management of the third stage of late, that as soon as the cord is cut, and the child delivered to the nurse, if the uterus is contracted he makes traction on the end with one hand, and gentle friction on the uterus with the other; if the uterus is flabby he attends to bringing on contraction. His cases have generally been delivered about the same time as that mentioned by Dr. Carey. Authors recommend different periods of time to wait for spontaneous expulsion; but who follows their rules?

Dr. Davis thought the experience of all had been about the same; and that the methods of modern authors were about alike. He would not recommend any particular length of time; but thought caution should be given to beginners about the cord, as they might do injury. Could not see that Dr. C. has recommended any thing remarkable or new! His habit has been, after the child is born, to wipe its eyes and mouth, and then ascertain the condition of the uterus. When contraction comes on he wraps the cord around a finger of one hand, and passes the fingers of the other hand along the funis to the placenta which he presses downwards and backwards, in the axes of the straits, and that it comes away without any difficulty. Has had difficulty in unnatural labors. He said Dr. C. ridicules the idea of *time*, which authors do *not*

recommend; and that he only advises *contraction*, which is not overlooked by them.

DR. TAYLOR thought the third was the most important of all the stages of labor. He supposed from the review that Dr. C. had been advancing some new doctrines; and that if they were the same as he advocated during the discussion of Dr. Sheet's paper on "Uterine hemorrhage," read some time since, they were very novel and erroneous. After glancing at Dr. C's paper he thinks he may have misunderstood him, but that he has somewhat qualified his expressions. Does not understand that Dr. C. would deliver the placenta without reference to the condition of the womb. In 99 cases out of 100 the placenta is easily removed; and in 20 year's practice he has found very little difficulty. Uses cord merely as a director. After contraction of the womb has commenced, simple traction on the cord may expedite the delivery of the after-birth, but before contraction, it rather retards it, as the pulling causes the os uteri to contract, which prevents its escape. Related a case in which an old woman produced Procidentia uteri by traction on the cord. The old lady declared "she had never saw such a case—had nearly pulled the woman off the bed, and still it wouldn't come away—thought it must be a false *deception!*" Thinks Dr. Carey is in error if he imagines his practice is new, or that the placenta can be removed at all times; cases sometimes occur in which it remains not only 6 minutes, but 6 hours, and sometimes longer.

DR. LAWRENCE said his experience was about the same as Dr. Carey's. His cases were all natural; never had to wait; secundines were generally found in the vagina, and his method was about the same as that of the most of the members can't see much difference in the papers.

DR. KOOGLER thinks both are right.

DR. MCDERMONT thinks the difference is only in time; thinks the review very able, and that it presents the subject in a very clear light. It did seem to him as if Dr. C. thought he was writing something which had never occurred to any one else.

Thinks it does injustice to the profession at large in asserting as principles what authors never wrote. The great difference which he conceived to be between Dr. C. and the review was, that the former advised the immediate introduction of the hand into the uterus, for the removal of the placenta, if external manipulation failed; while the latter, with all the authorities of the present day, recommended waiting an hour or two before resorting to such a measure. He deprecated the want of confidence in the power of nature which this untimely interference evinced. Should be satisfied that nature was incompetent to complete the process before he would presume to substitute artificial means. Thinks the practice of introducing the hand is attended sometimes with danger, which is a strong reason for waiting several hours. Said Dr. C. had offered no experience to sustain his position; all his cases favored external manipulation, which everybody practised; that he had never introduced his hand to deliver the placenta, consequently he had no personal experience of the facility or safety of such a proceeding.

Dr. Reeve related an instance, in one of his early cases of labor, in which he thinks he produced hour-glass contraction by pulling the cord, which he has been careful never to repeat. Thinks there is a great difference between the papers; that the whole thing hinges on *time*, which he considers very important. That Dr. C. directs, if the uterus is contracted, the immediate removal of the placenta; he says, not. That if the womb is not contracted Dr. C. advises the same as before; he says produce contraction. He only uses the cord as a guide; and then if he can feel the placenta with the finger it may be removed. Always waits some time for the patient to rest; if no pains come on in 10 or 15 minutes, he uses gentle means to excite them; if ineffectual, would wait an hour, or an hour and a half before introducing the hand.

Dr. Sheets said he had not intended to participate in this discussion, and that he had not examined Dr. C's paper carefully. As the discussion was pretty general he concluded to

say a word. In glancing at the paper he saw some statements which were entirely unwarrantable, and for which the author could produce no authority. The reviewer has done well in correcting such misstatements as the following, which were quoted, vid.,—"As long as it, (the placenta) remains in the cavity of the uterus, it is productive of constant pain and anxiety to the mother, and a source of positive danger to her well being. Humanity demands her speedy relief." That "it is culpable negligence to *transfer* one of the most responsible duties connected with the process of parturition to the hands of ignorant and incompetent nurses, while the accoucheur withdraws to pay some little regard to the arrangement of his own dress." That after the division of the funis, the placenta "remains within the cavity of the uterus as a foreign substance, mechanically preventing hemorrhage until the uterus expels it." He thought these were strange doctrines, and which are not those of the profession. Thought his mode of delivering the placenta was the same as that *practiced* by Dr. Carey; that he never waited over a few minutes to use means to hasten its delivery.

On motion the society adjourned to meet the first Thursday evening in September.

L. D. SHEETS, M. D., *Secretary.*

Correspondence.

CRITTENDEN, Grant Co., Ky., May 25, 1855.

EDITOR OF THE WESTERN LANCET:

Dear Sir:—I was called to see a child of Mr. A. O. Halls, on the night of the 10th of May, 1855, attacked with croup. The same child had had an attack about a week previous to the above date, at which time it had a very severe attack. On

first seeing it I thought it was a hopeless case. It is not necessary to define the symptoms of a severe case of croup; to every practitioner they are well known, and it is also well known that severe cases defy all medication.

At first examination, on seeing the eminent danger of the little sufferer, I was of opinion that Bronchotomy was the only mode of hope, I found it was useless to think of this, as the parents were violently opposed to it, I then decided on the following plan of treatment, to wit: I gave large and often repeated doses of Tartar-emetic until emesis was established, using a saturated solution of Nit. argt., with a probang to the immediate seat of the disease, the first application of Nit. argt. gave relief and when the effort to vomit was made, large shreds of coagulated lymph were thrown up as soon as the child vomited freely. I omitted the Tartar emetic and pursued the following plan.

℞ Calomel, grs. iij.
Ipecac, grs. iij. Ft. chart. j.

To be given every two hours, using the saturated sol. of Nit. argt. once every half hour, until all the severe symptoms subsided. The child got well.

This is the third case of croup I have treated in this way; all successful. I look upon the topical application of Nit. argt. with a probang the safest and most reliable remedy; I would prefer it to an operation.

A probang is made by tying a piece of sponge on a suitable piece of whale bone.

Very Respectfully,
THOMAS R. W. JEFFRAY, M. D.

N. B.—I have assisted to operate in the above disease twice and the result in neither case was favorable, it prolonged the life about seventy-three hours in one case and in the other about twenty-four. JEFFRAY.

Reviews and Notices.

History of the American Medical Association, from its organization up to January, 1855. By N. S. Davis, M. D.

The profession is under a debt of obligation to the author and publisher for furnishing them this history of the National Association. The articles composing it, were originally published in the *New Jersey Medical Reporter*, and have been recently collected together by the publisher of that Journal, and placed in the more enduring form of a book.

In addition to a faithful history of the origin of the Association and its several meetings, the Book contains biographical notices, with portraits of the Presidents of the Association, and of the Author.

It has been evidently written in a hurry, without having time for careful revision, but it is nevertheless a clever contribution to our literature, and will be a convenient little book of reference.

Clinical Lectures on the Diseases of Woman and Children. By Gunning S. Bedford, A. M., M. D., Professor of Obstetrics, etc. in the University of New-York.

The above work contains thirty lectures, embracing over five hundred pages of closely printed matter. They are said to have been reported by competent gentlemen, just as they were delivered at Prof. Bedford's *Obstetric Clinique.*

The mechanical and typographical execution of the work are fine, but a hasty perusal of its contents has by no means satisfied us as to the propriety of its publication. A new work, to have claims upon the profession, should present some points of interest, either in arrangement, matter, manner, or style of composition. The work before us can certainly lay no special claim to either, without it be a peculiar style of composition, and that we regard as one of the most objectionable features of the book. It is a bad imitation of the offensive, not to say ridiculous, style of Prof. Meigs, in his Letters to his Class.

Prof. Bedford has said nothing in these lectures, so far as we have been able to discover, that has not been said a hundred times

before, and often better said; nor are his lectures complete monographs on the special subject of which he treats. It may be claimed however, that the manner in which the work has been gotten up necessarily precludes the idea of any thing but undigested material presented without system or order. Why then, it may be asked, publish the book? But this may be regarded as an impertinent question. Distinguished men must write books, whether they contain any thing or not.

It is not our purpose, however, to be hypercritical. The Book is not destitute of merit. What is said is sometimes pleasantly said; many important facts are forcibly impressed; and his luminous exhortations to his Class, even on subjects comparatively insignificant in themselves, are generally calculated to impress some correct rules of practice.

In reading these Lectures one is forcibly impressed with the idea that the author has no mean opinion of himself; for in enforcing the simplest rules of diagnosis and the plainest principles of practice, he often assumes an oracular air and consequence that is truly laughable. Possibly we may not do the learned professor justice. He may be, for aught we know, a modest, and unassuming man, but really these Lectures have impressed us quite differently.

Our author occasionally deals in speculations as to the *modus operandi* of medicines in the cure of disease, and when he does so he gives strong evidence of a leaning towards the exclusive, and we were about to say, exploded doctrine of *solidism*. But we are gratified to see that he has had the good sense not to allow such views to influence a rational practice. His special actions, therefore, are practically considered harmless.

With the exception of a loose, disjointed, and pompous style, and occasional ridiculous colloquies between himself and old women and young and silly girls, the Book contains many clever suggestions; and old truths are so varnished up and expanded in the Professor's peculiar style, that they give his Lectures an air of freshness that is often by no means disagreeable. For Sale by Moore, Wilstach, Keys, & Co.

Progress of Medicine.

ENGLAND.

Scurvy and Hemeralopia.

SIR,—Having seen amongst the "Navy Medical Reports" a paper by Mr. Rees on Scurvy, and Hemeralopia in connection therewith, occurring in the Black Sea, I beg to offer a few observations on six cases of that obscene affection which occurred in H. M. S. "Juno."

It is necessary to premise an account of the movements of the ship, and the circumstances inducing the disease.

This ship left England on February 23rd, 1854, for the Australian Station, but instead of proceeding direct, after touching at Rio and the Cape, made a *detour* on special service to the Eastern coast of Arabia. While detained there for three months, nothing in the shape of fresh provisions was procurable, except for one week at Muscat. The weather during this time was by no means bright, the sun being frequently hidden by a misty haze somewhat like usual trade weather.

Our service being completed, we proceeded to Bombay, where we remained ten days; then leaving for Trincomalee, where we stayed seventeen days; and left for Sydney, arriving on January 30th, after a passage of sixty-two days.

It being the time of the change from the south-west to the north-east monsoon, the end of the rainy season at Bombay, and its height at Trincomalee, the weather was generally unsettled and dull, but on the passage to Sydney, was fine, agreeable, and not unusually bright.

Thus, from February 23rd to January 31st, a period of 342 days, the crew were 289 days on salt provisions.

The history of the cases was as follows: they first perceived night-blindness in a slight degree before arrival at Bombay; disappearing while there, again returning before arrival at Trincomalee, getting better while there and for some time after leaving, and again recurring during the more lengthened passage to Australia.

Though narrowly looked for, at first there were no symptoms of scurvy, and the general health of the patients was tolerably good; but, after some time, well-marked symptoms in the shape of a livid œdematous state of one leg, and livid papulæ, with spongy gums, made their appearance in one case, throwing a light on the others, and causing the abandonment of the routine treatment of aperients, bitter tonics, and blisters, and the adoption of that of the best diet procurable, with beer and wine, and an increased allowance of lemon juice. Notwithstanding, well-marked scurvy became developed in the other five before arriving at Sydney. Under the use of fresh

diet the sight soon became restored, and the scorbutic symptoms gradually but slowly disappeared.

On reviewing the above facts, I think it will appear evident that those cases of hemeralopia arose as early symptoms of scurvy. That this is not a better-established fact arises from the circumstance, that ships with such cases get into port, when a few days' fresh diet causes the disappearance of the hemeralopia, before the development of the more palpable symptoms of scorbutus, if they ever appear. Had the latter part of our voyage terminated in one month instead of two, the same uncertainty as to the real cause of the disease would have continued in our case.

Lemon juice was issued a considerable portion of the time the crew were on salt provisions. As to its prophylactic effects, I have only the negative evidence that, out of a ship's company containing so large a proportion of newly-raised men, so few became affected with scurvy; none having occurred but those six in which hemeralopia appeared. I am, etc., GEO. A NICOLLS, M. D.

H. M. S. "Juno," Surgeon, R. N.

Sydney, March 20th, 1855. *Med. Times & Gazette.*

On the Prognosis in Effusion of Blood into the Eye.—By M VELPEAU.

In a clinical point of view there are three principal forms of hæmatic effusion which call for attention.

I. The blood may be situated in the chambers of the eye occupying the lower portion, if the effusion be not abundant enough to fill all the anterior chamber. We then observe a reddish liquid, having the same disposition as in hypopium, vision being preserved, as a certain number of rays still reach the retina.

II. The membranes of the eye may be the seat of the effusion, which will present varieties accordingly as the blood is situated between the retina and choroid, the choroid and sclerotica, or the sclerotica and conjunctiva. The effusion due to the rupture of the numerous vessels of the choroid, may not exhibit any physical symptom when it takes place between the choroid and retina, but the sensibility of the latter membrane is more or less modified. When it occurs between the choroid and sclerotica, the latter assumes a deeper blue than normal. When it is sub-conjunctival, a diffused ecchymosis, like that seen in fracture of the cranium, is observed.

III. When the vitreous humour and the hyaloid membrane are the seat of effusion, immediate loss of vision is the consequence. It is obvious that in these different varieties the prognosis must differ, and must also much depend upon the amount of injury causing or complicating the effusion. Supposing, however, that the eyeball has not been wounded, the importance of the effusion may still depend upon various circumstances.

1. It is less to be feared in young subjects, owing to the active resorbing power their tissues possess. 2. When the effusion takes place into the chambers of the eye, resorption is a very probable event. The effused blood being in constant contact with the aqueous humor becomes, so to say, diluted by it, and may be more readily taken up by the absorbent vessels of the ocular serous membrane. 3. When the effusion takes place between the membranes of the eye, the prognosis is still more favorable, as the numerous vessels upon the surface of and in the tissue of these membranes present the chances of a pretty rapid absorption. 4. Within the vitreous body, on the contrary, absorption takes place with extreme difficulty. A lens depressed into it may remain there during the whole of life, owing to the low vitality of this medium, and the hyaloid membrane, which is almost devoid of vessels. Blood, therefore, effused into the vitreous body, is only very rarely resorbed, even when it exists there in the state of diffuse infiltration. But the importance of such effusion does not cease here, for M. Velpeau is of opinion that unabsorbed hæmatic clots may become the point of departure of organic diseases of the eye. He has met with several cases in which the patients referred the origin of cancer of the eye to blows received upon the globe. In these cases the vitreous humour was the seat of the hœmopthalmia, and the loss of vision was immediate and persistent. During the first month after the accident absorption may, however, sometimes occur, especially if we employ topical resolvents, together with purgatives and blood-letting, in order to moderate any inflammatory action that may accompany the effusion. But if the month passes without sensible melioration, there is no hope of resorption taking place.

On some Inflammatory Affections of Bone and their Treatment.—By Henry Smith.

He stated that there was more interest and more difficulty connected with the pathology of affections in bone than with the corresponding diseases in the soft tissues, and that during the last few years there had been a great increase in cases of inflammation in bones, owing either to some peculiarity in the human constitution or in the conditions of the atmosphere. This inflammation was produced in two ways—first, from some injury first received in the neighboring soft parts, and from thence propagated to the subjacent bone. As an illustration of this form, he would mention whitlow, which had been of late extremely frequent, and which disease was generally the result of some local excitement primarily, which, being neglected or badly treated, would go on to inflammation of the periosteum and bone, and finally death of that texture, and probably destruction of a neighboring joint. In the second way, inflammation

of bones, and especially of their shafts, was produced by a cause acting directly upon the bony tissue itself; and, as illustrations of this case, he would refer to the acute inflammation which sometimes followed the application of the saw after excision or amputation, or that which sometimes ensued upon a fracture of a long bone. The author then proceeded to the consideration of the sucessive results of inflammation attacking bone, and described the conditions known under the name of denudation, purulent infiltration, and actual necrosis, which was the ultimate termination of inflammation. With reference to denudation of bone, the author particularly insisted upon the great importance of not mistaking this condition for actual death of the osseous texture, but he believed it frequently occurred, and was treated as such. In many instances, denudation might occur even to a considerable extent, and yet no real mischief have involved the bone, for it had only become deprived of its periosteum and inflamed, conditions admitting of perfect recovery. He referred to cases illustrative of this point, and mentioned one in particular, where a young girl had received an injury to the thigh, which was followed by rapid inflammation and deep suppuration, which was not at first detected. The matter was at length evacuated, and it was then discovered that a large extent of the femur was denuded. The patient was so excessively worn down by the suppuration and discharge of matter, that the surgeon in attendance deemed it necessary to amputate high up in the thigh. The parents would not consent, and the child was left to the resources of Nature; the consequence was, the health gradually improved, the discharge ceased, and the patient quite recovered her health. In this case the opinion was, in all probability, that the thigh bone had become necrosed, but in reality it was only denuded, and was capable, as was seen, of recovery. When, however, inflammation attacked bone, in instances of persons affected with some constitutional taint, as struma, syphilis, or scurvy, further changes would take place, and then suppuration would result, either in the interior of the bone itself, or within its medullary cavity, and subsequently actual death of some portion; and such conditions were most formidable enemies to the operating surgeon, as they frequently obtained after direct injury by the saw, as also from fracture; and cases in illustration were mentioned where, when the inflammation was acute, the changes were most rapid. One case was alluded to, of a strumous boy, having received an injury to the elbow, severe disease came on in the joint, and Mr. Smith was compelled to excise it. The patient recovered from this operation; but in six weeks fell down and fractured the same arm, just below the shoulder-joint, and such rapid and acute inflammation followed that it was deemed necessary to amputate at the shoulder-joint. On examining the bone, it was found denuded of its periosteum to a great extent, and its medullary cavity infiltrated with pus. It was, however, a question with him

whether this extreme measure was absolutely necessary. Further experience since this case has happened to him had taught him, that possibly the fracture here might have united, but he was supported in the opinion of amputating by some very able surgeons who were present. When the inflammation was of a more chronic character, it would lead, in unhealthy subjects, to results as serious and as certain, but more slowly and with less constitutional disturbance; still, in time, complete or partial death of a bone would be brought about, and a series of pathological changes would occur which are very interesting to the surgeon to watch, and which are so well known as hardly to require description. As regards the treatment which should be adopted in these various forms of diseased bone, the author remarked, that when there was reason to believe that matter was deeply formed close upon bone, and was producing mischief, very free incisions should be made, and the matter evacuated. As a precautionary measure, this treatment would often prevent the bone itself being affected, as is frequently seen in the cases of whitlow, where early resort was made to incision; but where, on the contrary, the matter has been suffered to accumulate, the further change mentioned by the author would have taken place, and amputation of a portion of the finger was required. In cases even where a large surface of the bone was denuded and inflamed, the free evacuation of matter, perfect rest, and good support, will frequently lead to the restoration of the patient; and on no account should the surgeon be led to resort to amputation in a hurry, with the idea that because the bone was bare, death of that structure must necessarily ensue. Where, however, in acute cases there is probability that necrosis is occurring, a neighboring joint is perhaps involved, and the patient's life is in danger, amputation should be resorted to, but never hastily. In chronic cases resulting in necrosis, the surgeon must wait until the dead bone is loose, and then extract if possible. In some he cannot do so; and a case was mentioned by the author where he could not succeed in removing a large sequestrum in the femur; and in another similar case such an operation was successful, but it took him an hour to finish. When necrosis involved the extremity of a long bone, and the joint was otherwise diseased, resection would be applicable, and the author illustrated this by the case where he had lately performed excision of the knee-joint, and where, on examination, a small piece of necrosed bone was found just separating from the femur, and where the joint was otherwise diseased, a cure had been effected, and a useful limb was the result.

Opium in the treatment of Chronic Ulcers. By Mr. Skey.

Opium produces a certain effect on the chronic and callous ulcer; if it answer here, it will in other diseases, having the special character of the chronic ulcer. The pharmacologists tell us it is a

stimulant and sedative? What do you understand by the stimulating properties of opium? I should be at a loss to call to mind any cases in which it is given as a stimulant, unless in such as these. In nineteen out of twenty instances it is employed as a sedative, as, for example, in relaxed bowels, and to promote sleep. I can show you it possesses other properties quite equal to these; it prevents sleep sometimes; when taken continually it tranquilizes, but it will not always produce sleep. What is the action of opium to which I allude? Whether it acts on the center or the periphery, whether on the heart or capillaries, I do not know. But this I do know, that it promotes a healthy action on the capillaries of the body, and in cases of chronic ulcer, which I select as an example, you will have a local action set up, which will heal a wound—will set up a healthy granulating surface and completely heal it up in a short time, when every other method has failed to do so. What is the condition and character of a chronic ulcer? A chronic ulcer is an excavation, for the most part, affecting the limbs of old people, generally the inner side of the lower limbs; two processes are going on, the formation of a ring of organized lymph which encircles the excavation, thus hollowing it to a considerable depth, and its surface is covered with unhealthy lymph. This is common to all of them; the elevation of the margins is not a specific manifestation, as it is common to other forms of ulcer. Under the microscope there is a granulation to be seen, there is an ichorous discharge, with an offensive fœter arising from it, and yet there is no sensibilty, no annoyance nor suffering to the patient, it goes on for year after year without any change; you may strap it, there is no change produced. I give opium, what does it do? It seems to start the capillary system all over the body, particularly in the lower extremities; it produces a genial glow, which may be compared to that of a cold bath, but not from such as is ordinarily taken; go into a warm bath, with a meal in the stomach, with or without perspiration, it makes no difference; well, then, the glow is produced by the opium, and healthy granulation over the whole surface of the ulcer will become apparent in a week. What is the sum of the actions of opium? You say it is unhealthy. It is not; it promotes warmth, the pouring out of healthy secretions, it produces healthy integument, healthy granulations, it absorbs the unsound around it, and, while the granulations are coming up, the elevations are going down. That cannot be considered unhealthy which promotes health. —*Med. Press.*

GERMANY.

Abstract of a Remarkable German Document on Protection against Cholera.

There has been in Germany, and at this time particularly in Bavaria, a scientific medical examining commission appointed, concerning

the nature and the spreading of the Cholera, and the means of protection against it. An effectual check has in fact been given to this disease. The Bavaria Sanitats Commission, after spending more than a year in research, has at length reported through its Chairman, Prof. Dr. PETENKOFER, a man known alike in science and in business, in the latter as having made a highly valuable discovery in Gas illumination. This report has given so important a disclosure and is of such weighty interest to the subduement of the cholera epidemic, that the government in Bavaria immediately distributed the same in hundred thousands of circulars among the public. Perhaps no work ever created greater excitement and satisfaction than this document. With wonderful perseverance and with the greatest zeal was the Cholera pursued step by step. There is no place, no house, Institute, village or city in Bavaria in which the cholera was not anxiously guarded. Then further steps were taken; they pursued the nature and character of this marauder back to the years 1617–18–19 in India, according to the observation of James Lameson, and in 1848–49 in England, in conformity with the official report of the mortality of cholera there. The surprising fact next became known that the course and nature of the cholera epidemics in India, England, and of late in Bavaria, were exactly the same. The celebrated Professor Liebig had already prophesied that Wurzburg would never have a cholera epidemic, and so in fact it was. Pettenkofer thinks that if this great scholar had read the reports of diseases in India and England, he would, setting aside his enlightened scientific discernment and knowledge, most certainly have come to the same conclusion, so clear and definite are the signs. The principal results that have been attained in this Report, by means of hundreds of thousands of facts of the most convincing kind, may be comprised in the following:

1. There is really no cholera-catching matter (contagion) in the common acceptation of the term; nevertheless the disease can be conveyed from one place to another.

2. The cholera always takes its course in the direction of the natural passages of trade, (rivers, lakes, etc.)

3. The height of a place above or below the level of the sea, is not material to the reception of the disease.

4. The air contains no cholera-catching matter, and the disease therefore does not follow the direction of the wind.

5. Just as little is it carried forward by or spread through water.

6. In return, the earth receives and develops the cholera-catching matter from the excrements of cholera patients.

7. The excrements of patients in privy-vaults or close stools generate the catching matter, and are the real cause of the same.

8. The gases that are developed by the decomposition of organic matter, and particularly of excrements, permeate the earth, rise to the surface, and become the causes of fevers and cholera.

9. Not a single cholera case was observed in Bavaria, the cause of which could not be traced back to this kind of infection.

10. The close-stools of persons that are infected, and are in the first stage of the disease, and especially of those who are already suffering from that Diarrhœa which is always the forerunner of the real cholera, are more contagious than those of persons who have the cholera as a disease.

11. The cholera has always been brought to a place in which the epidemic never before appeared, by a sick person, and in fact, its spread caused by means of the excrements of the same coming in contact with the earth. In no other way does this propagation take place. Direct contact with the patient, the inhalation of the air in the sick room, the washing of the corpse, yes, even the dissection of the same does not impart the disease.

12. Not every species of earth acts on the decomposing process in the same manner, and the spreading of the catching matter is therefore dependant upon the constitution of the soil on which the buildings have been erected. On rocky soil, granite or sandstone, the cholera never becomes epidemic. In return, on clay or calcareous earth, or in general, in earth that keeps the ground damp, the catching-matter flourishes best.

13. The cholera poison can be kept within a person for from one to twenty-eight days before breaking out. This accounts for the spreading of cholera to distant places.*

14. The disease is imparted to the tenants of a house, that have not been infected by direct contact, by sleeping in apartments to which the above named catching poison can come.

15. To prevent farther infection and spreading, the close-stools must, before they are emptied, be made harmless, by an addition of sulphate of iron or green copperas dissolved in water. Chloride of lime does not suffice, because it only purifies the air, and does not destroy the cholera poison.

16. Where strangers, out of cholera districts, stop, the vault ought to be cleaned at least once a week by an addition of sulphate of iron. The same ought to take place at all inns and hotels. In the different apartments of hospitals the air ought to be purified by papers, moistened with spirits of turpentine and exposed to the air, placed at different places.

17. The clothes of a patient, that have in the least degree been soiled by excrements, should not be washed or soaked, because the poison is often called forth and spread thereby in the most dangerous manner. It should invariably be burned in a stove that enters a flue.

18. There are no other means of preventing cholera, or its spreading, than those which tend to render harmless the decomposition of

* The quarantine for persons out of sickly or attacked places should not be less than 28 days. How many victims would thereby, also, be saved in America?

the human excrements, and their being led off and removed in the best and safest manner.

Prof. Pettenkofer could only arrive at the above extraordinarily weighty results by the utmost exertion and continual activity, by circumspective reflection upon all circumstances and conditions, and only a man of science, as he is, could ever have solved so successfully such a problem. To show the satisfaction evinced at the results, we will state that a formal revolution has taken place in the construction, &c., of vaults, and that special manufactories for the making of earthen pipes, &c., have sprung up.

Hydrophobia.

The following experiments, made by Dr. J. H. Griscom, on a patient suffering from hydrophobia, at the New York Hospital, are quoted as reported by him to one of our city newspapers:

I found the patient, at the time of my visit, on the bed, to which he was strapped to prevent injury to himself and others, perfectly calm to all appearance, intelligent and entirely submissive to treatment. He conversed freely, though with some confusion of dates and facts respecting the time when he received the bite (between four and five weeks previous), and other circumstances connected therewith, and of his own feelings then. The scar was upon the lower lip, perfectly healed, and exhibiting no signs of irritation. As he thus lay and conversed, no one could suppose that he was laboring under so fatal an influence, unless either the finger were laid upon the pulse, which now numbered nearly 160, and was full and bounding, or he complained of the pain in his throat and difficulty of swallowing. On examining his throat, a degree of redness was observed in the fauces, accounting partially for the pain of deglutition. After giving further directions for his continual comfort and the prevention of more convulsions, it occurred to me to test the truth of some of the popular notions respecting this disease, especially in relation to that peculiar symptom from which it derives its name, viz: *the dread of water*. The results of these investigations, it is hoped, may have the effect not only of correcting some false views on the subject, but, what is more desirable, of hereafter alleviating the intense suffering of those afflicted with the disease, if indeed they may not increase the means and probability of recovery.

The most distressing part of the malady, is undoubtedly the *difficulty and pain in swallowing*, arising from sharp spasmodic action of the muscles concerned in this function, extending sometimes even to those of the neck and chest, and producing a feeling of alarming constriction of the organs of respiration, causing almost complete though temporary suffocation, and thus aggravating if not actually exciting, the convulsions, with the more or less violent

contortions and discoloration of the countenance, protrusion of the eyeballs, and other active and painful symptoms. It is a popular idea that all these are excited by the sight, and even by the sound, of water, and although an intense thirst almost universally coexists, the friends, and even the patient himself, anxious as they are to alleviate it, dread even the presence or sound of water, much more its approach to the lips, lest all these horrible symptoms should ensue. My investigations, simple as they are, show how relief may be extended in future in those most distressing symptoms—*thirst* and parched and burning throat—if the means thus pointed out, are sufficiently, promptly, and carefully attended to.

That the mere *sound* of water will not excite the paroxysm, was proved in this case by the fact that the noise of a stream of water in a closet, was continually within reach of his ears, to which he gave no heed whatever while I was by him, though it is said that when he first heard it he was unpleasantly affected by it. Observing this, I then desired to try whether its actual taste, *without swallowing*, could not be safely borne; and to this end, I induced the patient to take a mouthful, but to hold it in his mouth without attempting to swallow. *He did so*, and after retaining it sufficiently long to satisfy both him and myself, at my direction he ejected it from his mouth, expressing gratification at its cooling effect.

One step further I determined to go, though not without some fear of producing a paroxysm of pain, and perhaps a convulsion. I sent for some ice, and with a little persuasion placed a small piece in his mouth, directing him to allow it simply to trickle down his throat as it melted, avoiding, as before, every effort at swallowing. A piece about the size of a thimble was first tried, the cooling effect of which was exceedingly grateful, and he willingly accepted a second piece. It was very difficult for him to avoid deglutition; he did succeed, however, and all the ice descended to the stomach, as it melted drop by drop, demonstrating in the most conclusive manner that water *per se* has no influence in the causation of the spasms, and that the disease is improperly named. It is not a *hydro-phobia*, a dread of water; it is, rather, a dread of *swallowing*, whether of water, or any other liquid, or even of solid substances, as my patient said to me; and if that act can be avoided, as in his case, relief may possibly be afforded in others by the administration of cooling, and perhaps even more decidedly palliative remedies. In fact, encouraged by those observations, I directed the application of a strong solution of nitrate of silver to the fauces, with the view of allaying the irritation apparent there, and this he bore with not more difficulty than is noticed in a majority of the cases in which this astringent is applied for other diseases.

By these means and the administration of anodyne and nourishing enemata, the application of cool cloths to his overheated head, mustard poultices to his extremities, and dry heat to his general surface,

and even by inducing him, a few hours before death, actually, though slowly and with some difficulty, but not so as to bring on any general paroxysm, to swallow some ammonia and brandy, the patient was not a little comforted, and his passage to the grave made more quiet and less painful. Unhappily, there is yet no known antidote to this mysterious poison, and the symptoms can only be treated on general principles. The ebb of life was attended with no unusual phenomena—none of the unnatural sounds, barking or frothing, or biting, popularly ascribed to this disease being noticed. The vital powers became gradually exhausted, until at 9¾ o'clock on the 15th, twenty hours after admission, he breathed his last.

Sugar and Salt as a local Solvent in chronic Congestion of the Cervix Uteri.

The following novel method of reducing the congested state of the cervix uteri, which is so commonly met with in the chronic affections of this organ, accompanied by discharge from the os and "ulceration" of its mucous surface, has been so successful in my hands, and in the practice of several gentlemen to whom I suggested its use, that I desire to make it more generally known through the pages of your journal. The plan of treatment of which I speak originated, I believe, with M. Caudmont of the *Ecole Pratique*, Paris; at any rate, whether original or not with him, it first came to my knowledge, four years ago, from his practice at his private clinique, and I have been unable to trace it to any other source.

The following is the method of its application:—The os uteri having been exposed by means of the speculum, equal parts of sugar and common table-salt, finely pulverized and mixed, are impacted around the vaginal portion of the cervix uteri, and retained in place by a pledget of lint or cotton wadding, moulded into the form of a *godet*, or small cup, and having a string attached to its convex surface to facilitate its subsequent extraction. Thus applied, it is left *in situ*, and the patient is directed to withdraw the plug, by means of the string attached, in the course of twelve to twenty-four hours.

Its effects are to produce a very copious discharge from the parts to which it is applied; so much so, indeed, that patients should be cautioned to take means for the protection of their linen; and at the following examination the cervix is found to be greatly relieved of its swollen state due to the products of congestion, and much reduced in size.

The most obvious explanation of the action of this application would appear to be found in the principle of exosmosis. Its advantages over the use of leeches or potassa fusa to accomplish the same purpose, are obvious. It is exceedingly simple and speedy in its action; it is attended with no danger of injury to the neighboring

parts or of hemorrhage; it attains the end with but little pain or inconvenience to the patient. Moreover, the experience of several gentlemen, enjoying a large field for observation in the treatment of uterine diseases, whom I induced to make a trial of Caudmont's method, confirms the result of my own practice, viz: that it is even more efficacious as a solvent than the ordinary applications in chronic congestion of the cervix uteri.—*New York Medical Times.*

Editorial.

MEDICAL STUDENTS.

The Annual Announcement of the various Medical Colleges of the country are now before the profession, and soon the medical students, practitioners, and others who desire to attend lectures the coming winter, must make up their minds as to where they will go. This is often a perplexing question, and, in some respects, an important one for the medical student to decide. Having been a medical student ourself once—and we hope we shall never be any thing else—we may be allowed to offer a few suggestions.

In the first place the great desire of the student is to gain *the largest amount of practical knowledge in the shortest space of time,*—which, unfortunately for our railroad age, is always too short—and to do this he must be placed within the range of *opportunity.* For this purpose he attends the teachings of a Medical College. The elementary text-books he can read alone, or with his preceptor in any locality. But what he chiefly lacks are the facilities for *anatomical pursuits,* and the opportunity for *Clinical instruction.* It is folly to talk of Medical Education apart from these two great requisites.

It is important, also, in order that his opportunities shall be the most favorable, that medical classes should not be *too large.* All things being equal, a class of one hundred and fifty students is much more favorable, so far as the student is concerned, than one of three hundred. He comes within the range of a more constant daily *drill.* He is not so much crowded in the dissecting rooms,—can command more of the time of the Demonstrator, and his opportunities for Clinical observation are much better. We are

aware that, as a general thing, medical teachers do not object to large classes, but the medical *student* may well do so.

To secure the best possible anatomical facilities, as well as Clinical instruction, it is very evident that a *large city* is much preferable to a small one; and hence it is that medical teaching in this, as in the older countries of Europe, must more and more concentrate itself in the great commercial cities. They offer Hospital and other advantages that smaller inland towns never can. Our large commercial cities have also collateral advantages that are of benefit to the student. Without diverting his attention too much from his medical pursuits, he necessarily learns much of the active business pursuits of life that may be of advantage to him in future years.

Another consideration of importance, is the probable *permanence* of the school in which he matriculates. We have many schools suddenly started into existence, as a kind of *experiment*. They struggle, perhaps, through a feeble existence for a few years, and then, disheartened with their prospect, either disband their organization, or merge themselves, if possible, into some older and more permanent school. Examples of this kind are of frequent occurrence, so that hundreds of physicians have to suffer the mortification of holding a diploma from an institution that has no existence. We would not, by these remarks, discourage the organization of new medical schools where they are *needed;* nor would we disparage those that are faithfully and honestly laboring to promote the interests of medical science. But often neither the one nor the other of these facts exists, and the honest verdict of the profession is, therefore, eventually against such organizations.

Having premised by these suggestions, we now desire to urge the claims of Cincinnati upon the Medical student, and we do so because we believe no city, East or West, can offer greater inducements; surely no point in the great basin of the Mississippi Valley can present stronger claims upon the student of medicine.

In the *first* place it is the *largest* city west of the Mountains, and it must be very evident that its two hundred thousand population must necessarily contribute largely to the wants of medical science; and it will be seen, by reference to the Announcements of the several Colleges of the city, that a still greater prominence will be given, hereafter, to the study of *Clinical medicine*, and to the cultivation of familiarity with disease at the *bed side*. We are gratified

to see such prominence given to this essential requisite of a finished education.

And in the *second* place Cincinnati is a remarkably *healthy* city during the winter months. It is free from the diseases of either extreme Northern or Southern cities, and the result is, that medical students, thrown together from different localities as they are, rarely suffer here from climatic influences.

Then, again, the geographical position of our city—occupying an intermediate position between the North and South—furnishes to the student very great advantages for the study of diseases peculiar to the Valley of the Mississippi.

But a last, and the strongest claim that we would urge upon the medical student, is the thorough and efficient organization of our Medical Colleges, and the determination on the part of the professional corps of Cincinnati, to make it one of the great points for medical teaching in the West. It is true the multiplicity of medical schools sometimes leads to unpleasant rivalry, but that very rivalry redounds to the benefit of the medical student. It leads to high and noble emulation on the part of public teachers—it quickens every energy—develops every latent power, and appeals to the only final and true test,—that of MERIT.

We have an abiding faith in the ultimate success of every Institution that rests its claims on the *qualification* of its teachers, and no Institution, that rests on any other claim, deserves to succeed.

IOWA MEDICAL COLLEGE.

An Institution bearing the above title, is announced at Keokuk Iowa. This is the second Medical College of that new and flourishing state. We are not advised as to its *necessity;* nor do we know the auspices under which it starts. It is claimed, however, in the announcement, that "no one doubts the need of such an institution in Iowa," and its founders predict for it—on the universal sanction of the profession—"a brilliant future and inevitable success."

With one exception we have no knowledge of the new Faculty I. F. SANFORD, M. D., Professor of Surgery, was formerly connected with the Medical Department of the Iowa University, and was, we believe, the Editor of the first Medical Journal ever publish-

ed in the state. He is a man of commanding medical ability, a chaste and vigorous writer, and will doubtless give character to the new institution with which he is connected.

MUSEUM OF THE MEDICAL COLLEGE OF OHIO.

An extensive addition has been made to the Surgical Cabinet of the Medical College of Ohio, by a liberal contribution from the Trustees for that purpose. The specimens consist of some of the finest *papier mache* and wax preperations of French manufactory; and selected by the experienced eye of Prof. Blackman.

They illustrate in the most ample manner the various interesting points of Surgical pathology.

☞ Dr. S. E. McKinly, of Irwinton, Ga. in a communication to the *American Medical Gazette*, recommends castration as a cure for *Epilepsy*. In proof of the corectness of his views, he gives several cases in which castration was practiced successfully, on Negroes, who had been subject to epileptic fits.

The Dr. uses the following language expressive of his confidence in the operation. "We are well satisfied in our own mind, and we have become so by experience extended through a series of years in experiments that prove beyond the adumberance of a doubt, *the way to cure a man of Epilepsy is to castrate him.*" This is a severe alternative, and we think most *free men* would prefer to have *the fits*. Our feelings on this subject may be very clearly expressed in the language of the "plowman poet."

I'm not for that,
Gelding's nae better than 'tis ca't
I'd rather suffer for my fau't
A harty flewl't,

What do you say brother Counsellor? We know you have a sentiment on the subject.

CORRECTION.—In Dr. Dorsey's article in the last number of the "Lancet" we wish to make the following corrections, viz:

Page 458 7th line from bottom, for "forms" read "fevers."
Page 459 9th line from bottom, for "appeased" read "oppressed."
Page 460 14th line from bottom, before "important" read "*some*."

Miscellaneous.

Quackery.—At the Stafford Assizes, Thomas Morris, aged 63, was charged with the manslaughter of Thomas Henshaw. The prisoner, a stout, elderly man, described himself as a medical galvanist. It appeared that he was in the habit of travelling about the country, and advertising himself as able, by galvanism and other remedies, to effect a cure for rheumatism and other diseases, and among other places he visited Penkridge, and there took up his abode at the White Hart public-house. A person named Henshaw, in that village, was suffering from rheumatism, and on the evening of Saturday, the 2nd of June, 1855, he sent his little girl with a cup to the White Hart to get some medicine. The prisoner sent the little girl to a pump, to get some water in the cup, and then, according to the evidence of the little girl, "poured" something from a large bottle into the cup, which thus became half full. The deceased took the medicine at about nine or ten o'clock the same day, and between twelve and one he became very sick. The sickness continued, and was accompanied with diarrhœa till Tuesday evening, when a surgeon was sent for. At about one o'clock on Wednesday morning two surgeons saw the deceased, and found him sinking fast. They administered some medicines which they thought would do him good, but he died at three o'clock on the Wednesday afternoon. On opening the body, the stomach and bowels were found to be much inflamed, which the witnesses attributed to the irritation caused by some poison. The contents of the stomach were analyzed, and found to contain a small portion of colchicum. The prisoner, when taken into custody, stated that he had given the deceased 32 drops of colchicum, which he had himself made from the root of that plant. It was stated that 32 drops of tincture of colchicum would not be an excessive dose; but evidence was given to show that the prisoner had not administered the tincture, which was of a well ascertained strength, but an infusion or decoction which he had himself made, the strength of which it would be extremely difficult to measure. The prisoner had stated that he "dropped" the medicine from a small bottle which he had pointed out containing a weak decoction, but the wife of the deceased said the medicine sent her was of a deeper color, and the little girl said the prisoner "poured" it into the cup out of a large quart bottle. Mr. Cooke, for the prisoner, said, the question was whether the prisoner in administering the medicine was guilty of such gross negligence, or gross ignorance, as would make him criminally responsible for the death of the deceased. The learned counsel then contended that the evidence did not support the charge, and that there was no difference in point of law between the case of the prisoner and that where a medical man had the misfortune

to cause the death of the patient by an overdose. Mr. Justice Erle adopted the view laid down by the learned counsel, and said the question for the jury would be whether they really believed that the prisoner had merely administered 32 drops of the tincture, which it was proved was not an excessive dose, or had adminstered the infusion or decoction, the strength of which, it seemed could not be ascertained without difficulty. If the jury thought the prisoner had administered the infusion or decoction, "pouring" it out of the large bottle, as alleged, without knowing anything about its strength, it would be for the jury to consider whether that was not such gross ignorance as would render him responsible for the death of the deceased. But if they thought he had not been guilty of any gross ignorance or gross negligence, they ought to find him not guilty. The jury found the prisoner *Guilty*. Mr. Justice Erle said, he concurred in the verdict, and, alluding to the circumstance that there was another indictment against the prisoner for causing the death of another person by the same sort of medicine, his Lordship said the case was one of great importance. At the same time, taking into account the age of the prisoner, the disgrace which had fallen upon him, and the imprisonment which he had already undergone, his Lordship sentenced him to six weeks' imprisonment.

On the Condition of the Uterus during Menstruation. By M. Judee.—From the examination of the uterus in three women who died during the menstruation, M. Judee concludes that the fluid is not discharged from its body or the cervix uteri, but issues solely from the highly congested os uteri. The body of the organ was found somewhat enlarged; its walls being thickened and its interior lined by reddish gelatinous layer, about two millimetres thick, consisting of a beautiful capillary network enclosed in a mucous-like membrane. This was easily scraped off, and below it the uterus was found white and infirm. It terminated at the level of the upper orifice of the cervix. The interior of the cervix was of a yellowish or greyish colour, and seemed to have undergone no alteration. The lips of the os uteri were swollen, and of a dull red, deep blue, or even blackish colour, and in one case they assumed almost a fungoid appearance. On compressing this, droplets of blood oozed out from its entire surface, which was not the case with either the cervix or body of the organ. On making a section of the uterus, the body and cervix presented the normal fibrous, lardaceous tissue; but at the level of the os this was replaced by a kind of magma, containing some fibres, and much resembling a portion of apoplectic lung.

On Feeding Young Infants when Feeble.—M. Marchant observes that when young infants are born so feeble that life seems almost extinct, we must not only keep them warm but carefully feed them, a tube being used when the child cannot swallow. The same observation applies to very young infants, who refuse food when suf-

fering from exhausting diseases. The following is the simple manœuvre employed by M. Marchant, and by the aid of which he has saved many lives. The head of the infant is so laid on the left thigh of the person who is to feed it, that both it and the rest of the body may be kept quite horizontal. The mouth of the infant is opened by pressing on its cheeks, and a spoon not quite filled with breast milk is poured out at the back of the mouth. The child does not swallow at once; but after the milk has fallen into the pharynx, if any life remains, a slight motion is perceived, and the fluid reaches the stomach. This is repeated five or six times until the milk remains in the mouth without advancing. For the first two or three days the child must be thus fed every two or three hours, night and day, and from the third to the fifth day the infant is able to suck. We must continue to watch it and offer the breast even when it does not cry; for feeble infants do not cry when hungry, and yet soon die if not supplied.

On the intrinsic calcification of the Permanent Tooth-Pulp as constantly associated with Dental Caries. By S. James A. Salter, Esq., M. D., F. L. S.

The object of this communication was to explain the changes which take place when the dentine becomes carious, and the following were the principal points enforced:—

1. In every carious tooth the pulp becomes impregnated with calcareous matter.

2. This produces a change in its physical properties; it becomes first firmer than natural, then hard and elastic, and then perfectly hard and brittle, according to the degrees of calcification.

3. The calcification occurs intrinsically in the substance of the pulp, and not on its surface; differing in this respect from primary and the other two forms of secondary dentine.

4. The calcification displays itself at sundry isolated points, producing what the author proposes to call "islands of calcification."

5. The islands of calcification are not interstitial deposits of earthy matter, but consist of animal matter, impregnated with earthy.

6. All the tissues of the pulp appear to sustain the impregnation, and are originally the animal basis.

7. As the calcification advances, the islands enlarge, and at length fuse together, forming a dense coherent mass; this is osteo-dentine.

8. In the perfectly calcified pulp the functions of the nerves have ceased, and the structure is insensitive.

9. Sometimes, instead of osteo-dentine, the pulp is converted into crusta petrosa.

10. The process of calcification, though morbid in its nature, is reparative in its results.

HEALTH REPORT.

OFFICE OF THE BOARD OF HEALTH,
CINCINNATI, September, 1855.

Report of Deaths for ten days ending August 31st,
Whole number reported, - - - - - - - - 120

	CHOLERA.	OTHER DISEASES.	TOTAL.
August 22d, - -	2	11	13
" 23d, - - -	2	10	12
" 24th, - -	2	12	14
" 25th, - - -	3	11	14
" 26th, - -	2	10	12
" 27th, - - -	1	11	12
" 28th, - -	1	10	11
" 29th, - - -	2	9	11
" 30th, - -	1	10	11
" 31st, - - -	0	10	10
	16	104	120

By this statement it will be seen that the city is in a very healthy condition; cholera, which prevailed to a limited extent in the early part of the month, has almost entirely disappeared. Perfect accuracy is not claimed for these reports, nor can it be attained without the aid of a statute, but we believe the above and those previously published, closely approximate the truth. C. B. HUGHES, *Health Officer.*

OBITUARY.

At a special meeting of the Montgomery county Medical Society, August 4th, 1855, the following Preamble and Resolutions were adopted:

Whereas, By the dispensation of Divine Providence, the President of this society, Dr. JAMES CROOKS, has been removed from our midst. Therefore,

Resolved, That the death of one so universally beloved for his kind and amiable feeling, and so highly esteemed for his honorable bearing and professional attainments, is deeply deplored by us all.

Resolved, That, in the demise of Dr. CROOK, the Medical Profession of Dayton, has lost one of its most honorable and intelligent members, and the community has been deprived of an upright and valuable citizen.

Resolved, That our heartfelt sympathies be extended to the bereaved parents and family of the deceased; and that they be presented with a copy of these resolutions.

Resolved, That in respect to the memory of the deceased this society—shall attend the funeral to-morrow; and that the proceedings of this meeting be forwarded, by the Secretary, for publication in the city papers, and Western Lancet.

JOB HAINES, M. D., *President, pro tem.*

L. D. SHEETS, M. D., *Secretary.*

Fig 1.

Fig. 2.

T. WOOD'S PLASTIC OPERATION.

WESTERN LANCET.

EDITED BY T. WOOD. M. D.,

PROFESSOR OF ANATOMY IN THE MEDICAL COLLEGE OF OHIO, AND ONE OF THE SURGEONS OF THE COMMERCIAL HOSPITAL.

No. 10.] CINCINNATI, OCTOBER, 1855. [VOL. XVI.

Original Lectures, Essays and Communications.

A case of Deformity, arising from a Burn on the neck; Relieved by Mutter's operation. By T. WOOD, M. D., Editor of Western Lancet, etc., etc.

The most trivial plastic operation, gives the surgeon much solicitude for several days after its performance, for it may be that he desires to remove a deformity by implanting a piece of integument, that is more valuable a hundred times than its weight in gold. This precious piece, having its source of nourishment narrowed down to a small pedicle, has but a feeble hold on vitality until its circulation is reinforced by direct union with the surrounding parts in its new position. A very slight cause may prevent union by the first intention, and if this union fails to be effected in a few hours, all is lost; this operation is not, like most other operations that fail, simply unsuccessful, but it may aggravate the deformity, and perhaps leave the patient without hope of aid from surgical skill. It is, therefore, important that the surgeon should inquire into the various causes that embarrass or prevent the *direct union* of parts. Some causes of failure will be found under his control and avoidable, others are uncontrollable in their origin under certain conditions, and are

of course unavoidable except by anticipating their presence and postponing the operation.

Among the avoidable causes of failure we name:

First. The flaps may be too small to fill the space into which it is to be planted, without stretching. This is a fatal error in the initial step of the operation, and should always be avoided. It is better that the flap should appear redundant than scant at first, for it will contract very much as it heals in.

Second. The pedicle may be cut too narrow, and consequently the supply of blood will be too small to maintain the vitality of the flap while union is taking place. It is a good rule if possible, to always choose the pedicle at the point from which the flap receives its principal supply of blood, so as not to wound the main arterial twigs that are distributed to it.

Third. The flap, when it is raised, may be too incautiously or rudely handled, or allowed to chill in the cold air before it is stitched into its new position.

Fourth. Its margins and under surface may not be sufficiently cleared of all the clots of blood, and shreds of fibrine, that adhere to it, which, when left, act as a foreign substance in the points of union.

Fifth. Small vessels may be left bleeding under the flap, and the clot thus formed will raise it from its bed and prevent direct union.

Sixth. The dressing may be so cold as to chill the flap and destroy its vitality; or so warm as to invite too great a circulation to the surrounding parts, giving rise to inflammation, suppuration, and sphascelus.

Seventh. The bandage may be applied too tight, and obstruct the circulation; or too loose, and allow effusion under the flap to raise it from its position.

Eighth. The stitches may be removed too early, and the tender adhesion give way for the want of support; or they may be left in too long, and their presence excite a sup-

puration that will sweep around the flap and separate connections that had appeared substantial.

The unavoidable causes of failure are as numerous as the diseases that cause the great constitutional disturbance when they arise, and can only be evaded by a careful inquiry into the circumstances that surround the patient; and if an attack from any one is remotely threatened, the operation should be postponed to a more propitious season; for, after the knife has done its work, it is to late to correct the error, and a failure is almost certain.

Plastic operations do not succeed well on vitiated constitutions,—syphilitic, anaemic, scrofulous, scorbutic, or dropsical patients. But the great and most frequent scourge of plastic surgery, is erisypelas. It will often make its appearance without any premonition to warn the surgeon of his danger, and where the good health of the patient, and all his surroundings, seem to promise certain success. It generally makes its appearance about the third or fourth day after the operation, and rapidly destroys the vitality of the flap, and leaves it soon a sloughing mass. No surgeon would perform an operation when erisypelas was prevailing as an epidemic in his vicinity, but spontaneous erisypelas may attack any operation in spite of every precaution, and no foresight or skill can ward off at all times, its occurrence. The best and only reliable treatment in such cases, is the free use of nitrate of silver applied in solution to the erisypelatous surface, and to the flap. The bowels of course should be regulated, and other constitutional remedies used if demanded, but the local application of the nitrate of silver is our main dependence. Under its judicious use we will often have the pleasure of saving what appeared to be lost, and an excellent result may be obtained from an operation, that at one time presented the most gloomy prospect.

The appearance of any of the eruptive diseases, as small pox, scarlatina, meassles, or of intermittent, remittent or ty-

phoid fevers, after an operation will almost certainly cause it to fail. A few years since I operated on a hare-lip of an infant which did well until the stitches and pins were all removed, and the adhesions were very firm, but the scarlet fever made its appearance, taking the mother first, and then the child, and during the fever that preceded the eruption, the entire wound on the lip separated by suppuration. We have not met with any instances of the kind, but we have no doubt, the same result would follow any of the other forms of eruptive fever.

CASE.—Miss U——, eleven years of age, had received a severe burn when she was about four years old, on the front and right side of her breast and neck, which on healing left a cicatrix extending from near the nipple to the base of the jaw vertically, and laterally from the angle of the jaw on the right side, to an inch beyond the median line towards the left. (See plate, Fig. 1.) The concavity between the chin and breast was completely filled by strong dense bands of skin, that drew down and permenently fixed the chin to within one inch of the sternum. This contraction of the skin of the neck, distorted the features very much—her mouth was kept open, and the front teeth in the lower jaw projected nearly horizontal, (having been gradually changed in their direction by the continual drawing on the gums,) and the nostril, and the eye-lids on the right side were drawn down out of their natural shape. On the left side of the neck, under the margin of the cutaneous bands, there was an opening (see Fig. 1) large enough to admit the finger into a pocket formed between the neck and the great anterior band. In profile view, the line of the face, chin, and anterior band, was continous with the line of the sternum, making no curve backward from the chin to distinguish the neck. The band running from the chin to the sternum completely destroyed the power of rotation of the head and neck, and the body was necessarily moved when she attempted to look at objects on either side of her person.

To remedy this deformity, the operation known as Mutter's was proposed, and performed with success.

Assisted by my friends, Dr. P. G. Fore, and the late Dr. P. S. Conner, the patient was brought under the influence of chloroform. The bands were completely cut across, and all the *inodular* tissue that restrained the movements of the head and neck, was carefully dissected out. This left the neck and head free in their movements; but when the head was placed in the erect position, we had a denuded space, five and a half inches long, by four and a half wide, to be covered with integument borrowed from the shoulder. For this purpose a flap was raised from the surface of the trapeziu's muscle, and turned across the neck, where it was carefully stitched into the wound.

Cool water dressings were used, and at the end of the second day after the operation, everything looked well, and the entire flap appeared to be united; but on the third day a violent attack of erisypelas ensued, which extended over the left side of the neck and face, apparently originating in a small piece of the old cicatrix that was left at the extreme left of the wound. The entire inflamed surface, including the flap, was painted over with a solution of the nitrate of silver, in the proportion of thirty grains to the ounce of water. This application promptly arrested the inflammation, but about one-fifth of the flap was loosened from its adhesions, and finally sloughed, the remaining four-fifths were unharmed and permanently healed in. The portion of the wound that had been covered by the slough, had necessarily to heal by granulation, which was a somewhat tedious process, though it was well sometime before the surface from which the flap was taken, was covered with new integument.

The cicatrix, formed by the healing of the part from which the slough occurred, drew a small band from the point of the chin along the median line of the neck. This, a few months after the first operation, was entirely relieved by a V shaped incision that loosened it from its lower attachment, allowing it to slide up under the chin and disappear.

The appearance of the case, both before and after the operation, is very accurately illustrated in the frontispiece by our artist. It will be observed that the figures are reversed, what is described as being on the right side appears on the left, and *vice versa*.

The daguerreotype, of which the second figure is a copy, was taken about eighteen months after the operation, and it will be seen that there is not a trace of the great deformity left. The teeth have resumed their natural direction, the mouth is closed, and the contour of the chin and neck is perfect. She now enjoys as complete freedom in the movements of the head and neck as if no accident had happened to her.

A Case of Diplopia, reported by W. KRAUSE, M. D., of Cincinnati.

On February 24th, of this year, Mrs. F. a widow resident of this city, aet. 47, called upon me for medical advice. She was afflicted with a disease of her eyes, which had been gradually developing during the course of the last year. Six weeks ago, her sight was impaired to such a degree, that she thought it necessary to look for medical assistance. The anamnesis evinced, besides a megrim attacking the patient at irregular intervals, and subsiding after spontaneous vomiting, nothing deserving notice.

The patient presents herself as a woman of a plethorical constitution, her tongue and cheeks purple, the latter with some of the capillaries dilated, the pulse regular, full and hard, the catamenia regular, sometimes profuse.

The head is usually held in a backward position, and to the right side. The axes of both her eyes are directed downward; the inferior margin of the pupil is concealed by the inferior eyelid, not so much on the left eye, however, as on the right, where the margin of the inferior eyelid nearly coincides with the transversal diameter of the pupil. Both

eyes are somewhat exopthalmical, yet the right bulb is not so much prolapsed as the left one. Both can perfectly be covered by their lids. The conjenctiva is lax, its submucous tissue imbibed with serum, particularly towards the external corner of the eye. Some varicose blood vessels are here and there visible on the sclerotica. Their location, however, does not correspond on both eyes. The pupils and eyelids appear normal, both in an anatomical and physiological view. The opthalmoscopical examination exhibited no positive result with the exception of a hyperæmia of the retinal veins. The elasticity of the eyeball was found in a normal condition, as also the sensibility of the eyes and of the surrounding parts. I had no opportunity to determine the direction of the eyes during sleep. But I was told by the patient that she felt no uneasy sensation from the night lamp when falling asleep.

The eyes freely move downward and inward; outward the mobility of the right eye is insufficient by about three lines less than that of the left eye. I appreciated, of course these distances approximatively, bearing in mind, that an eye, protruded from the socket, must turn round its vertical axis in a greater circle than of 110 deg. to arrive from one corner of the eye to another. In the attempt to turn up the eyes, their axes being parallel, the right eye remains almost fixed in the same position; the left one is more raised, yet the inferior part of the periphery of the ornea does not dive up above the inferior palpebral margin. When the patient tries to look upwards, the axes of the eyes convergent, the right eye, by a spasmodic tremulous contraction of its rectus internus muscle is drawn inward. The left eye moves in about the diagonal line of the forces of its rect. intern. muscle and its rect. superior muscle, yet it does not reach the normal standard. In the attempt to look upward and inward, objects are seen double. But when these objects are held so high, that they would not be seen by a healthy eye, unless it be turned up as high as possible, they are entirely out of sight. To bring them into sight, the patient extends her head still more. Objects very near or at a

great distance can not be seen with distinctness. The smallest print is read only in the distance of the normal mesoropter.

After but little exertion the muscles of the eye become wearied, the conjunctiva is covered with tears, the patient is seized by a feeling of vertigo, and the eyes assume again their usual position, the tonicity of the rect. inferior muscles predominating.

When a light, such a luminary was used for examining the diplopia, was held before the face of the patient, at a distance of six inches, and so high that the axes of the eyes could be exactly directed to it, the light was seen single. The light being removed in the same horizontal and in the vertical plane, dividing the body into halves, two images of light are perceived, which at first nearly coincide, but afterwards more and more part with each other. Elevating the light, and at the same time removing it by degrees from the eyes, the distance of the images is increasing with greater rapidity than by the former experiment. Both images are situated vertically one above the other in different vertical planes. The upper image, being distant to the right side, appears less distinct than the inferior, which is seen perfectly clear. The former alone changes its place at the removal of the light, and becomes indistinct in the same proportion as its distance from the inferior image is increasing. Upon covering the right eye with the hand, the upper image, the left eye being covered, the lower image disappears. When the light is moved directly or obliquely downward, only one vision is experienced in the sensorium.

The eyes of the patient being fixed upon an object held before her face, and at the distance of normal sight, the head of the patient inclining at the same time towards the right shoulder, the images approach in an oblique line, whereas they depart again from each other in the vertical plane, as soon as the head is inclining towards the left shoulder. Whilst the head is reclining, the distance between the images decreases both in the horizontal and vertical direction, and increases in the same way when the head is bending forward.

The interpretation of all these phenomena follows from the more or less perfect inactivity of the muscles, supplied by the superior branch of the oculomotor nerve, and of the n. abducens, from the different position of the eyes, of their axes of vision, and consequently from the direction of the maculæ luteæ towards the object. The strabismus descendens is a symptom of the paralysis of the rect. super. muscles. The super. rect. muscle of the right eye is perfectly, that of the left eye imperfectly paralysed. When the axes of sight shall meet each other on an object by the aid of said muscles, the right m. rect. super. denies its service. The prolonged axis of vision of the right eye passes beneath the object; its image is therefore formed below the mecula lutea. In the left eye, however, as it can be better directed, the image falls upon the very optic center of the retina. Therefore, the irritated regions of the retinæ of both eyes are not symmetrical, and the images not situated in the same horizontal plane. Double vision is hereby produced, the images placed the one above the other. The image formed lower down in the right eye is projected upwards in its lines of direction, and thus imaginarily transferred to another object above the real one. The right eye forms the upper image, the left eye the lower. Therewith the disappearance of either image corresponds according as either eye is shut.

Still it remains to account for the deviation of the superior image to the right side. The clue to this phenomenon can likewise be found in the deficient function of the right super. rect. muscle, which causes the intern. rect. muscle, left to itself, to draw the right eye inwards, when it should be turned upwards and inwards, by the associated action of the two muscles mentioned. The axis of vision not only passes below the object, but to its left side. The image, therefore, formed in the right eye on the left side and below the macula lutea, is referred to an object situated to the right side, and above that which is seen by the other eye. As this lateral deviation of the upper image occurs in all instances in which double vision is experienced by the patient, as it is always owing

to the same cause just explained, it is a matter of course, that the distance of the images is in proportion to the degree of the strab. converg. of the right eye. It decreases when the object is coming lower down, or moving sideways, or the head inclining, or under circumstances in general, where the action of the right intern. rect. muscle is not required at all, or where it is not employed to turn the right bulb up, or upwards and inwards.

The upper image must appear less clear, because it does not strike upon that point of the retina most sensible for light, but is perceived by indirect vision. This accounts also for the increase of the dimness of the upper image, when the object is moved farther, and at the same time raised, as in proportion to this, the angle formed by the lines of direction of its retinal image, and its axes of sight is increasing. According to theory, this angle and therefore also the distance of the retinal images from each other in the vertical plane, should remain the same, on moving the object off from the eyes in the same horizontal plane. But observation refuted this opinion. The vertical distance of the axes of vision became absolutely less when a near object was taken into sight, than in looking at an object more distant but not raised. This phenomenon can only be understood by referring it to the greater intensity of the light rays of a near object, and proportionally to a more perfect action of the muscles of the eye. Thus the object being near, the eye is more readily turned up, the vertical distances of the images more diminished, than when the object is farther off, and its images formed by rays of light less intense.

The difference in the mobility of the images is caused by the different mobility of the eye-balls. The inferior image formed in the left eye remained almost the same with regard to position and distinctness. For the left eye being able of following the movemont of the object, its image was always formed on the same point of the retina, on the macula lutea itself, or at least near to it. It did not move nor lose of its distinctness. But the upper image formed in the right less

movable eye became the more distant from the macula lutea as the light was removed in an upward direction. The upper image, therefore, was moving alone, and its distance from the inferior image increasing. At the same time it grew less and less distinct.

When two healthy eyes are to be fixed upon an object that is held near and at the same time high, the rect. super muscles and interni of both eyes are called into action. Further, if the head of the person under examination be inclining to either side, it strikes us, that the eye more lowered by the inclination of the head, can more and more dispense with the function of its rect. super muscle. In order to fix the object, one of these muscles, turning the same eye around its vertical axis, is sufficient. But the other eye, relatively situated higher by the inclination of the head, cannot spare as much its m. rect. super. The inclination of the head, therefore, serves for rendering the function of both m. rect. superiors more or less unnecessary. Thheead inclined to the right side, the right rect. super. muscle, the head inclined to the left side, the left rect. super. muscle is less used.

These physiological conditions account for the fact, that the head inclined to either side, the retinal images remove from or approach each other in the vertical line in cases of unequally developed paresis of the erect super. muscles.

The patient inclining her head to the right side, the light has its position to the left side of and upwards from the eyes. The function of the rect. internal mnscle of the right eye, which is lower bent, and that of the rect. external and superior muscle of the higher left eye are principally required to see the light. Thus muscles are called into action, the function of which is not deranged at all, or but a little. They can therefore effect a much more exact direction of the axes of the respective eyes than those muscles employed for looking upwards and inwards. Yet from this it will but follow, that the images on the retina approximate each other in the vertical direction. But they seemed to approach each other in an oblique line. The right eye previously presenting the aspect of strabismus

convergens, was now directed in correspondence to the left eye's axis, and to the situation of the object. The direction of the right eye had not only improved in the vertical, but in the horizontal direction. In performing this turn, it moved in the diagonal line of the forces active. The superior image, therefore, seemed to approach in an oblique line. It separates again, when the head is inclining to the left side, the object being in a situation on the right side and upwards from the eyes. Under these circumstances the m. rect. superior and externus of the right eye and the m. rect. internus of the left eye ought to be functionaries. The former two are near upon immobility, the latter acts almost as if not diseased at all. Therefore, the vertical distance of the images on the retina increases, consequently the images more and more part with each other. It will not be necessary to mark that they parted only in the vertical direction. They rather approached each other in the horizontal one, as by the latter experiment the lateral deviation of the axis of vision of the right eye vanished in the same degree as its m. rect. internus was put out of action.

When the head was inclining to the right side, it was the axis of vision of the right eye, the direction of which improved and the same axis more and more deviated from the object, while the head was inclining to the left side. In both instances the retinal image of the right eye changed its locality. In the former it came near to, in the latter it departed from the macula lutea. The patient, therefore, fancied that the upper image moved alone. It was seen with greater distinctness when near to the optic centre of the eye, less distinct when far off from it, and striking the peripherical and less sensible part of the retina.

If these observations and their interpretation are correct, if the approaching and parting of the two images were depending on the combined action of certain muscles, had the change of the position of the head only an indirect influence upon the relation of the images to each other, with respect to space,

a similar effect should be obtained, if the light was made the movable and the head the fixed point.

Indeed such an effect took place. I hope, however, to be excused from dwelling at large on a physiological explanation of the effect of those muscles which take a part in this experiment. It will be sufficient to state, that the images approached each other when the light was moved upwards and to the left side, and that they separated again when the light was held to the opposite side. The muscles employed are the same as above enumerated.

The approximation of the images during the extention of the head is explained by the m. extensores of the head and of the vertebral column being vicarious to the m. rect. superiores of the eyes. On bending the head, however, the insufficiency of the paretic muscles is still more clearly exhibited, the angle, under which the axes of vision and the lines of direction intersect each other, becomes greater, consequently, also, the distance between the images. The same occurs, as already mentioned before, when, instead of bending the head, the light is moving upwards from the eyes. On the contrary, the upper image approximates when the object is moving downwards.

Concerning adaptation, it is, no doubt, impaired. For very near objects as also much distant ones are seen but with a haze. This formation of images non-punctual by rays of light diverging again towards the retina, if the object be near, and not sufficiently convergent, if it be far, clearly indicates a paresis of the adaptation of the eyes. Alterations, which may account for it, are the disturbed balance of the pressure of the muscles on the eyeball, some of the muscles being paralysed; the incorrect direction of the eyes' axes, associated with the altered state of refraction of their media, finally, the lacrimation of the conjunctiva, as it takes place when the debilitated m. externi are exerting to direct the axes of the eyes more parallel, in order to take into view a distant object. It is true, also, a healthy eye is not possessed of a faculty of adaptation for objects within the distance from four feet to

such as called infinitely distant, *i, e.* within the possible reach of sight. Yet a pretty clear sensation of the objects is produced, though coming to cognizance by means of images formed by rays of diffused light. For the visual angle of objects distant from four feet ad infinitum does not considerably differ. The eye, as it is usually expressed, is in the state of repose adapted to such distances, and it is undoubtedly so by the united pressure of its muscles. Further it is proved, that the vision of very near objects requires the strongest effort for adaptation. Whether, however, in our case the paresis of the adaptation depends, for distant objects, on the paresis of the muscles of the eye, and, for near objects, on an insufficient function of the aliar muscle. I do not feel disposed to decide; the less, as the question for those powers active in the adaptation of the eye is as yet not satisfactorily settled. The former hypothesis is almost disproved by those numerous cases of opthalmophlegia and unoccular exopthalmus, when a deficiency of adaptation could not be exhibited. The vision of near and distant objects, moreover, according to Listing, seems to be generally independent from a change of locality of the mechanical centre of the eye. It is the custom of the patient to hold her head inclined backwards and to the right side, as the double images of those objects, which she had to deal with in her domestic duties, in this position appeared to her the most distinct and moderately distant one from another. Such a distance of the double images, though still inconvenient, was not harassing her as much as double images near to each other, which could neither perfectly be joined by a motion of her head, nor as those affected with diplopy are disposed to do, could be far separated. For the action of a rect. super. muscle of one eye and a rect infer. muscle of the other eye is not capable of an association as required for that end. The next cause of the exophthalmus seemingly was the paralysis of some muscles of the eye. For the right eye, which was most paralyzed, was also most prominent. Yet it may be, that also the m. obliqui, their tonicity being prevalent, were disposed to draw forth the bulb, which function was exhibited by

experiments of R. Wagner, but recently published. At the beginning of the treatment it proved impossible to discover the remote causes of the disease. The plethoric constitution of the patient, the paralysis of both the eyes, the central origin of the paralysis of the oculomotor nerve, as it is generally the case, rendered also for this case a central origin of the disease probable. On the other side, however, the paralysis developing by degrees, the want of cerebral symptoms previous to the disorder, or in apparent connection with it, the confinement of the paralysis to the superior branch of the oculomotor nerve and to the n. abducens passing along the side of the former, after passing the superior orbital fissure, all this might be justly referred to a local disease of the exterior region of the sockets of the eyes. But, as the constitution of the patient, predisposed to congestion, seemed to furnish the most positive reason, the therapy was instituted with repeated bleeding, metallic and saline cathartics and irritating pediluvia. Besides these, by means of erratic vesicants on the forehead, I intended to excite the paralytic muscles as well directly as indirectly, bearing in mind the disposition of reflex, existing between the fibres of the par quintum of the face and the motory apparatus of the eye. After this treatment, continued through three weeks, had proved unavailing, I was inclined to refer the paralysis to a cause excentrical, unknown in its other relations. The use of strychnia not being contra-indicated, one-eighth of a grain of it was for a fortnight administered every day in an endermatical way. Yet neither the symptoms of its action nor a change in the disease came under observation. Only to satisfy the wishes of the patient for a local remedy, I ordered washing of the eyelids with Eau de Cologne. In the mean time a slight inflammatory intumescence of the margins of the eyelids set in, bnt disappeared again soon after the use of the wash was suspended.

On the 30th of March, I noticed that the right eye was more prominent, the motioos of both eyes more inpeded than previously. But slight exertion of the muscles of the eyes produced a considerable excretion of tears, especially on the

right eye; the sight was thereby much impaired, yet it had lost of acuteness also absolutely. Letters of the smallest type could not be distinguished at all, those of a greater print more readily by both eyes than by one alone, but always only at the distance of the normal mesoroptor. On this side, as well as on its other side, the images became indistinct, by circles of diffused light. The ratio of the double images had remained the same.

At the same time a tumefaction of the upper eyelids was observed. It was greater on the right eye, than on the left one. Signs of an inflammatory process were absent. The puffy tumor extended below the superior orbital margin between the two corners of the eyes, gradually diminishing in size from the exterior corner to the inner. The eyelids being lifted up, it was almost unaccessible both to the sight and to the touch of the observer. But when the patient closed her eyes, the tumor proceeding from the socket of the eye could be distinctly perceived. It was not circumscribed nor tender, its surface even, its consistence elastic like that of alveolar carcinoma. Below the upper eyelids, which could be turned up only with some difficulty, on account of the exophthalmus, no part of the tumor was visible.

The specified pathological alterations were in my opinion to be taken as a disease of the nutrition of the lacrymal gland, or its adjacent parts, which by the pressure of their enlarged volume depending either on a simple hypertrophy or a hydatidous or cancerous degeneration, caused the paresis of the muscles supplied by the superior branch of the oculomotor nerve and n. abducens. Although I admit, that there might have been no causal connexion between the paresis of the bulbs and the tumefaction but lately come under observation, although the latter might have been brought about by the continued irritation of the forehead by the vesicants, I was induced to direct my treatment against the tumor. Ointment of Hydargyrum was rubbed on the upper eyelids, and Hydriodate of Potassa given internally. This treatment persevered

in through eight weeks, has not proved efficacious, except it be, that it impeded the progress of the disease.

In fine I must remark, that those cases of double vision, the images being the one above the other, as communicated by Szokalsky (De l'influence des muscles obliques de l'oeil sur la vision et de leur paralysie, Bomberg,) seem to be wrongly interpreted. This writer considers diplopy, as described, as a symptom of the paralysis of the trochlear nerve. Further he says, that in a case, where the centre of the right cornea stood a little higher than that of the left eye, the upper image was formed in the right eye, the lower image in the left eye. Both views are erroneous. As the principal effect of the m. obliqui is, to preserve the parallelism of the meridians of the cornea, with certain motions of the bulbs and of the head, their paralysis can be recognized only by a want of the rotation of the eyeballs under those circumstances or in a case of diplopy by the oblique position of either or both images. The position of the images, vertical, one above the other, is readily and fully explained by the difference of the direction of the eyes' axes, as a consequence of the paralysis of the superior branch of the oculomotor nerve. With respect to his second assertion, that, the right eye being closed, the upper image disappeared, and the left eye being closed, the lower image; it seems to be founded on inexact observation. Neither did my investigation lead to results, analogous to his, nor does his view correspond with the physiological law on the direction, in which the images from the retina are projected. Nor is any proof given by him, that he had to deal with cases of unsymmetrical or incongruous strabism. That he was not correct in his observation, appears to me the more evident, as my patient, when her double vision was put to the test, made statements very often contradictory in themselves, until I let her look with the left eye through a colored glass. Then the distinctness of the images differing less, enabled her to distinguish, which of them disappeared, when she covered either eye with her hand.

After having written this, I learn that V. Graefe was led to conclusions conformable to mine about Szokalsky's results of investigation by experiments on and researches of the function of the oblique muscles and its diseases. At the same time he explains in a genial manner the sensation of vertigo, following the operation of Strabism as a consequence of the disturbed function of the muscles of the eye. For the eye controls the erect position of the body by the cognisance, which it affords to ourselves about the relation of the objects to each other with regard to space. This relation being changed by a change in the forces of the muscles of the eye, the sensorium is disturbed by a feeling of vertigo, until it becomes again accustomed to the change. The same explanation applies to the sensation of vertigo as experienced by my patient.

Fatal Case of Poisoning by Nitrate of Strychnia. By G. A. KUNKLES, of Madison, Ind.

During June, 1853, I was called to see Dr. S——, of Mississippi, a practising eclectic physician, who, by accident, had taken a quantity of nitrate of strychnia. The facts of the case were these: Dr. S—— had long been accustomed to the habitual use of opium and morphine. On the evening of this day he went into his office for the purpose of taking some morphine, but as the vials containing the two drugs were standing side by side, he, by mistake, took the strychnine. The quantity taken could not have been less than 4 grains, this being the usual quantity of morphine which he was in the habit of taking; he was not aware of his mistake immediately, but about 8 to 10 minutes after taking the poison a feeling of general stiffness and rigidity came over him, first showing itself in the neck.

When first seen by me, which was about 20 minutes after taking the drug, he was lying on his back, his head thrown far back, the muscles of the neck, extremities, thorax and

abdomen, hard and rigid. The countenance was very pale and anxious, the pulse small, quick and contracted, the skin cold and clammy, the respiration laborious and unequal, the thorax scarcely moving, the muscles of the abdomen were hard and drawn inward, intellect was unaffected, speech was very difficult on account of the firm closure of the jaws, deglutition was unimpaired.

He was put immediately into a warm bath, and cold water poured copiously over him; while in the same, the relief was very prompt, and an emetic of sulphate of zinc was administered without difficulty, free vomiting took place, and the patient was much relieved; the whole body which had been rigid became somewhat released, and the patient was able to sit up. A solution of tannin, with acetate of morphine, was next given. The improvement, however, lasted only about 15 minutes, when the whole became rigid again, violent tonic spasms over the whole body set in, which were aggravated by merely touching the patient or making a noise, during these convulsions the respiration was very much oppressed, and at times wholly ceased, the pulse became irregular, and at intervals scarcely perceivable, the skin acquired a purple bluish appearance, the countenance became puffed and livid, deglutition and speech were entirely suspended. During the convulsions he was generally unconscious, but usually revived during the remissions, which lasted about 3 to 5 minutes. It was found absolutely impossible to administer anything internally to the patient, as the mere touch of the finger would produce the most fearful convulsions. Acetate of morphia was freely applied endermically, but without any apparent benefit. He remained in this state for about one hour and a half, when the trismus attained its highest degree, the attacks following one upon the other until finally they ended in an asphyxiated state, in which he died.

The post mortem examination was made 10 hours after death. The whole body was extraordinarily rigid, nearly all the muscles were of a dark brownish red color, resembling

smoked meat, in the cavity of the cranium all the vessels were turgid, the veins of the dura and pia maters were engorged with blood, the brain appeared to be softer than usual, under the pia mater there was considerable effusion of a watery fluid, the medulla oblongata was softened and paste-like, the spinal canal was gorged with thick dark coloured blood; no unusual appearances were found in the thorax and abdomen, excepting that nearly all the vessels, heart, etc., were empty; the stomach contained a small quantity of serous fluid, in which the intense characteristic bitter taste of strychnia was immediately recognized; the mucous coat presented a somewhat redder appearance than is natural; all the other organs were perfectly natural. Had it been the strychnine alone, instead of its more soluble salt, it is doubtful whether the fatal result would have been so rapid, with the early assistance which was at hand, as it was, the poison became absorbed immediately.

Hospital Reports and Reports of Cases.

COMMERCIAL HOSPITAL REPORTS No. 4. — *Clinical observations on the Treatment of some of the more common forms of the Diseases of the Abdominal Organs*, (under care of Prof. S. G. ARMOR). Reported by R. S. REA, M. D., Resident Physician.

The Commercial Hospital has at present in its wards an unusual number of patients under treatment. These are, of course, quite varied in character. I present, however, only a hasty glance at the treatment of those cases which are peculiar to the season, and may be expected, therefore, to be of more practical interest.

CHOLERA.—Some thirty or forty cases, in all, have been received, a large number of these coming from the river, and

most of them in a profound state of collapse before they reached the Hospital. This was owing, measurably, no doubt, to the malignancy of the disease, as it exists the present season, as well as to the necessary delay in taking the legal steps to gain admission to the Hospital.

In some instances, even in this stage, when reaction could be brought about, recovery took place with considerable rapidity.

Often, however, the reaction was speedily followed by coma and death.

We resorted to the usual means of combatting this condition, such as revulsives to the extremities, in some instances wet cups to the nape of neck and spine, evaporating lotions to the head, etc. But with this reaction of the vascular system, unfortunately there was not a corresponding reaction of the *secernent* system. The blood appeared to be driven with force upon a glandular system dead to all the impressions of a normal vital stimulus. Whether this results from the absence of the stimulus of healthy blood—blood that has been deprived of its normal constituents; whether it is a defect of capillary circulation, growing out of a *physical* condition of the blood; or whether from a profound and depressing impression made upon the ganglionic nervous system, whereby the capillary circulation is measurably assisted; or whether *all* these conditions contribute to the production of coma and the general arrest of secretion, may be questions of interest to the speculative pathologist.

The *fact*, however, is as has been stated. Reaction may give hope, but if there is scanty secretion of urine, and arrest of brilliary secretion, as evidenced by the character of the discharges from the bowels, coma and death are apt to follow.

In cases in which there was a feeble reaction, with much gastric oppression, an emetic, composed of one drahm of mustard and two of salt, was administered with the most gratifying effects.

The stomach, which before seemed burdened, and yet una-

ble to relieve itself, was aroused into action, as well as the whole organic system, and in many cases the patient's convalescence dated from its administration.

The treatment, after reaction is established, in addition to the means already referred to, has mainly consisted in the administration of diluents—all the stomach will tolerate. Beef tea, well seasoned, has been liberally used. Cold aciduated drinks were also freely administered. These generally gave the patient great comfort, appeared to fill up the blood vessels already collapsed from the loss of serum, and evidently produced a general secerunent action of the great depurating organs of the body.

In connection with these, calomel was administered in small and repeated doses, sometimes guarding it with opium, at other times combining it with quinine and camphor, but always aiming, with whatever combinations, to produce a slight ptyalism. This being once established, recovery generally took place with great rapidity; although cases did occur in which the patient died, notwithstanding its induction.

Dysentery has also prevailed to a large extent, and appears to be gradually on the increase. In the *acute* forms of the disease, occurring in good constitutions, the *antiphlogistic* course of treatment has been rigidly adopted. Where there was much heat of skin, and especially much tenderness over any portion of the bowels, leeches or wet cups are freely applied.

The aim is to first subdue, as far as possible, local tenderness before resorting to other treatment. This rule of practice has been rigidly adhered to, and with satisfactory results. Another point connected with the treatment of acute cases of dysentery has been insisted upon by Prof. AMOR, namely, the administration of *hydragogue cathartics*, in small and repeated doses, until the bowels are freely evacuated.

When the tormina and tenesmus are great, and the discharges from the bowels scanty, the cooling neutral salts, such as sulph. magnesia, in small and repeated portions,

sulph. soda, or the bi tartrate of potassa, with magnesia, have been largely used, and generally with very happy effects. They are administered in acute cases, in preference to cast. oil, or any other laxative. When pain is severe, laudanum is added in sufficient doses to mollify the action of the cathartic. After free watery evacuations, the patient usually experiences a great sense of relief, and the subsequent treatment is rendered much more effectual.

After ridding the bowels of the offending matters, and subduing inflammatory excitement by local blood letting, when admissible, and cooling saline laxatives, the patients have been put on the usual treatment of opium, anodyne enemata, fomentations, etc. But to get the effect of these valuable agents, the treatment already alluded to is first resorted to. A strict dietetic course is also enforced. All articles of food that will give rise to hardened fœcal accumulations are cut off. We make no exception to this dietetic course.

The *intermittent* and *remittent* forms of dysentery have also prevailed to a considerable extent, and have been usually controlled by opium, quinine and blue mass. We have never been able to permanently control the dysentery until the paroxysms are arrested.

During the past month, a large number of cases of *chronic* dysentery have been admitted to the Hospital, many of them giving evidence of extensive ulcerations of the mucus coat of the bowels. These cases have generally proved exceedingly troublesome. They are generally observed, in the Hospital, in bad constitutions, either broken down by previous disease, or from intemperate and irregular habits.

A strict diet, opium and nitrate of silver, sulphate of copper, dilute nitric, or nitro-muriatic acid and turpentine, have been severally, and in different combinations, extensively used. The recoveries have been slow, many remaining for weeks or months in the Hospital.

Of these remedies, the *oil of turpentine*, given in the form of emulsion, combined with small doses of laudanum, has

evidently been attended with the best results. This is especially the case when the tongue is *dry* and *smooth*. Where the disease is confined to the lower portion of the colon, marked benefit has been derived from injections of creosote diluted in water, morphine, nit. silver, sul. zinc, etc., and care is taken to throw them high upon the bowels.

Chronic Diarrhœa may be well styled the "plague" of Hospitals. The past month has furnished us a large number of most intractable cases. Like the chronic forms of dysentery, it is frequently observed here in bad constitutions, and is often complicated with other diseases. The treatment has, therefore, of course, been quite varied. A few points of interest, however, may be worthy of note. A comparative trial of the usual and most approved remedies, has pretty clearly established the superior efficacy of the mineral acids. Especially is this the case in the *painless* forms of diarrhea, accompanied by watery stools. The aromatic sulph. acid has been largely used, sometimes combining it with laudanum, and at others with quinine. Hope's mixture (composed of dilute nit. acid, camphor, water and laud.) has been also used with very excellent effect. The diarrhea may be checked by Dover's powder, hyd. cum creta, etc. But the relief is comparatively temporary. The tongue, which is often dirty, does not clean under its use, nor does the muscular coat of the bowels, which is generally relaxed, and the capillaries of the mucous membrane, which have lost their tone, so readily gain their healthy tonicity under the soothing and relaxing effect of opium. Where *pain* is present, opium is, of course, prescribed; but where the diarrhea is painless, and the patient is debilitated, nothing has so permanently controlled it, and at the same time cleaned the tongue and given tone to the system, as the free use of the mineral acids.

In the irritable forms of diarrhea, associated with debility, the sub-nitrate of bismuth, combined with one or two grains of the pulv. nux vomica, and two or three of capsicum, given at appropriate intervals, has proved very efficacious. Bis-

muth appears to act as a soothing tonic, lessening irritability, increasing the consistence of the stools, and, when combined, with the bitter tonics, such as the nux vomica, producing permanent relief.

I do not make this general form of report with the impression that it contains anything new, but as merely embodying, in a condensed form, the observations that have been made in the treatment of diseases somewhat peculiar to the season, and such as often baffle the best directed skill.

Reviews and Notices.

We have received the following named pamphlets, which we cheerfully commend to the notice of our subscribers.

"*Statistics of Injuries of the Heart; observations on Wounds of the Heart, and their relations to Forensic Medicine, with a Table of Forty-two recorded cases.* By SAMUEL S. PURPLE, M. D., New York."

"*A Paper on Protracted Valvular Disease of the Heart. Read before the Society of Statistical Medicine.* By JOHN W. CORSON, M. D."

"*Some Remarks on Medicinal Mineral Waters, Natural and Artificial; their Efficacy in the Treatment of Chronic Diseases, and Rules for their employment, especially those of Carlsbad, Ems, Kissengen, Marienbad, Pymont, Pullna, Leidschutz and Heilbrunn.*" By S. HANBURY SMITH, M. D., Hamilton, Ohio.

The Physician's Visiting List, Diary, and Book of Engagements, for 1856. Philadelphia: Lindsay and Blackiston, 25 South Sixth-street, above Chesnut.

This welcome annual visitor is again on our table. It contains, as usual, an *Almanac, Table of Signs, Poisons and their Antidotes,* and a *Table for calculating the Period of Utero Gestation.* The blank leaves are ruled for "Visiting List," "Memoranda," "Ad-

dress of Patients and others," "Nurses: their References, etc.," "Accounts asked for," "Memoranda of Wants," "Obstetric Engagements, "Vaccination Engagements," "List of things lent to Patients and others—Books, Instruments, etc., etc.,

To those who have used the "Physician's Visiting List" it needs no recommendation; for to them it has become an indispensable pocket companion.

For sale by H. W. Derby.

The Half-Yearly Abstract of the Medical Sciences; being a Practical and Analytical Digest of the Contents of the Principal British, American and Continental Medical Works published during the preceding six months. Edited by W. H. Ranking, M. D., Physician to the Norfolk and Norwich Hospital, and C. B. Radcliffe, M. D., Licentiate of the Royal College of Physicians, of London. No. 21, January to June, 1855. Philadelphia: Lindsay & Blackiston. For sale by Booksellers and Periodical dealers generally in the United States and Canada. Terms, $2 per annum in advance.

This is one of the very best of our exchanges, always freighted with the purest gems of medical knowledge. The *inventions, discoveries, theories, speculations, sayings and doings* of the medical profession at large, are here presented in a condensed but clear form, gleaned with great labor from the new works and periodical issues of the press in the old and new world.

Its low price, its short and well-digested paragraphs, commend it to the members of the Profession in the West, who, as a general rule, have "no cash to spare," and but little time to read the many periodicals of the day.

The Mineral and Thermal Springs of the United States and Canada. By John Bell, M. D., author of "Baths and Mineral Waters;" "Baths and the Watery Regimen," "Lectures on the Practice of Physic;" "Regimen and Longevity;" "Dictionary of Materia Medica;" etc., etc. Philadelphia: Parry & McMillan, successors to A. Hart, late Carey & Hart. 1855.

This book is intended for a pocket companion and guide, for invalids and others who desire to visit the mineral springs of the United States. It gives a notice of about one hundred and thirty

springs that are scattered over the United States and Canada. In most instances, an accurate analysis of the waters is given, with rules for their use, and the complaints indicated that would be benefitted by them.

Many of the springs, particularly those of the far West, are here described for the first time, and a peculiar interest is given to the work by descriptions of the wild and rugged scenery that surrounds some of them.

It should be in every physician's library, to enable him to advise his patients intelligently in selecting springs, suited in medicinal properties to their various maladies.

For sale by Moore, Wilstach, Keys & Co.

Medical Lexicon of Modern Terminology; being a complete Vocabulary of definitions, including all the technical terms employed by writers and lecturers of Medical Science at the present day, and comprising several hundreds of words not found in any other Dictionary. Designed for the use of Students and Practitioners. By D. Meredith Reese, M. D., LL. D., Resident Physician of Bellvue Hospital, New York; Editor of Cooper's Surgical Dictionary, etc. Third Edition. New York: Samuel S. & Wm. Wood, 261, Pearl-street. 1855.

This little Dictionary is designed to be a pocket companion for the medical student, and, as such, it commends itself to his notice, by its neat and compact dimensions, by containing all the medical terms used by modern speakers and writers, and in being freed from the obsolete words that swell the pages of older medical lexicons. This edition is enlarged and improved, so as to keep up with progress of science, which is constantly introducing new terms.

For sale by Moore, Wilstach, Keys & Co.

A Manual of Clinical Medicine and Physical Diagnosis. By T. H. Tanner, M. D., Licentiate of the Royal College of Physicians, Physician to the Hospital for women, etc., etc. To which is added the Code of Ethics of the American Medical Association. Philadelphia: Blanchard & Lea. 1855.

The student, the young practitioner, and, indeed, many of the older members of the profession, feel the necessity of a systematic guide in the examination of their patients; and for the want of such

a system, they often fail to get a clear view of their case, frequently overlook important morbid conditions, and prescribe in doubt and uncertainty as to the real nature of the disease. In the little work before us, such rules are presented for conducting an examination as would scarcely permit an error in diagnosis if they were carefully followed.

As a fair specimen of the style and character of the book, we select the following chapter on the "Examination of Persons for Life Assurance.

SECTION 10. EXAMINATION OF PERSONS FOR LIFE ASSURANCE.

The knowledge required by a medical man in "the life office" is somewhat different from that necessary in the private consulting-room. In the latter the patient is full of complaints, anxious to acknowledge all the pains and symptoms of disease which he may be suffering from, and ready to communicate the cause and history of his malady; in the former he generally acknowledges no uneasiness, and does his best to appear constitutionally strong and free from disease. In the consulting-room no information is with held, and it is only necessary for the practitioner to weigh the value of the evidence laid before him, reject that which is worthless, and act upon that which is to be relied on; in the assurance office the tendency is to withhold and keep back everything which the assurer may deem alculated to make his life appear bad. The duty of the medical officer, consequently, resolves itself into looking out for and deteci ng any hidden diseases, malformations, or conditions which may threaten to shorten or endanger life; as well as to observe upon the effects of any previous disorders which may have tended to vitiate the constitution.

In most life offices the medical officer is required to fill up a printed form of questions, which in many instances is unnecessarily long and complicated. Indeed, it would be much better for every office to select their physicians and surgeons with care, and then be guided implicitly by their advice, without also rendering it necessary for the practitioner to submit to the directors the evidence upon which he founds his conclusions. The points to which the medical man should chiefly direct his attention are these:

1. The age, apparent age, occupation—and exposures attending it, and general appearance.

2. The family history, especially as regards scrofula, phthisis, insanity, gout, apoplexy, epilepsy, and renal diseases, occurring either in father, mother, brothers, or sisters.

3. Illnesses gone through since childhood, especially as regards small-pox and vaccination, gout, rheumatism, spitting of blood, asthma, pulmonary complaints, and fits of any kind.

4. The general habits and mode of living, inquiring as to the employment of exercise, early hours, and the use of intoxicating drinks, opium-eating, etc.

5. The character of the pulse and respirations.

6. The height, weight, and vital capacity—as ascertained by the spirometer.

When an examination has been made in the above order, the practitioner must proceed or not to make further investigations as he may deem necessary, and in the manner his judgment will suggest. In deciding upon a life, the recollection of the following aphorisms may lead to a correct decision.

If in doubt about the propriety of accepting a certain life, consider whether it would be advisable for the office to have one hundred such cases on its books.

Paucity of evidence in the family history must lead to increased care in the personal examination of the applicant.

Decline the life of a person who is not sober. Even if he has been given to drinking, and has reformed two or three years, yet his life should be declined, since permanent reformation is so very rare.

Tavern-keepers and such like, must be most carefully examined.

When there is consumption in the parents, decline the case.

The parents being well, but two or three of the brothers or sisters having died from phthisis, the life may be accepted, provided the applicant be strong and healthy, of proper weight and vital capacity, and of good habits. Should there be any flaw in the weight or vital capacity, decline.

If a man has had hæmoptysis, decline.

If a woman has had hæmoptysis, especially in early life, we may accept after a careful examination.

If a man or woman be above the normal weight, and the weight be rapidly increasing, decline; since such a person is quickly making fat, and may convert tissues whose integrity is necessary to life into the same material; especially in such is there a tendency to apoplexy, fatty degeneration of the arteries of the brain being often a cause of this disease.

Look with suspicion upon an applicant who has fatty degeneration of the margin of the cornea (arcus senilis), since a similar change may be taking place in the muscular fibres of the heart, or in the cerebral vessels.

Where there is any hereditary tendency to insanity, be very careful in the examination; if the life be accepted, it should only be at an increased premium.

It is almost unnecessary to add, in conclusion, that an epileptic, or one who has had a fit of apoplexy—however slight, or one affected with paralysis—however partial, can never be accepted.

Memoirs of the Life and Services of Daniel Drake, M. D., Physician, Professor and Author; with Notices of Early Settlement of Cincinnati, and some of its Pioneer Citizens. By EDWARD MANSFIELD, L.L. D., Author of American Education, &c. Cincinnati: Published by Applegate & Co., 43 Main street. 1855.

The name of the lamented Drake, wherever it is pronounced, must awaken a lively interest in the heart of every *true medical patriot* in the West. His life was the measure of the growth and development of the great West. His eye had watched with its piercing ray the progress of the Western States from dreary savage wilds and shaded solitudes, to the full development of populous cities, towns and villages, surrounded by the fertile fields of the husbandman and filled with arts, luxuries, and busy commerce of civilization. His pen had recorded the wonderful transformations in the face of nature as they passed before him in the course of his life, like the changing scenes of a panorama. His voice had encouraged, advised, and cheered the people as they labored in the work of rearing a great nation—from the stumps, from the Rostrum, and at the festive board. So the name of Drake was not only sounded in the ears of all, but it descended to the hearts of all true men and made its impression there to remain until their fibres cease to respond to the stimulus of their own vital fluid. The book before us, therefore, has a two-fold interest to make it attractive to the reader—the biography of a great and good man—a man of superior genius—distinguished in the walks of science; and historical sketches, incidents and anecdotes, that vividly illustrate Pioneer life as exhibited in the years of his boyhood.

Mr. Mansfield has performed the difficult task of a biographer well. He has, perhaps, given us a more faithful picture of the life and character of Dr. Drake than could be drawn by any other man, though we think that in his "labor of love" for the deceased, while treating of the various controversies that from time to time arose between Dr. Drake and other members of the Medical Profession, he has made some disparaging remarks in reference to the profession at large, that a "sober second thought" would soften into a milder form, or at least make their application less sweeping and general. Of these remarks we will give one example, though we are happy to find that they do not abound in the volume. In speaking of the early history of the Medical College of Ohio, when Dr. D. was removed from his chair by a vote of his colleagues, Mr. Mansfield

uses the following language—"He was regularly expelled from the institution he had nearly created. Such an act shocked the public mind, *and is an illustration of the loose morals as well as bitter controversy, not uncommon in the medical profession.*" Now, we think this remark is exceedingly unkind, and inappropriate, as here applied, however well it might have suited the actors in the *tragedy* which he describes. We are by no means convinced that "loose morals" and "bitter controversy" prevail to a greater degree in the medical profession than in any other political, or professional, association of men, and we feel in duty bound to repel with indignation such a charge coming from so respectable a source.

The book is printed on good paper, with clear, clean type, and is embellished with a beautiful and faithful steel engraving of Dr. Drake; which, of itself, is worth the price of the volume. Of course, it will receive, as it merits, a large sale, and be extensively circulated both East and West.

For sale by Applegate & Co.

Progress of Medicine.

ENGLAND.

On the Use of Cod-Liver Oil Oleine. By Arthur Leared, L. R. C. P., M. R. I. A.; Vice-President of the Smyrna Medico-Chirurgical Society, Physician to the Royal Infirmary for Diseases of the Chest, London, and to the British Hospital, Smyrna.

The utility of Cod-liver oil in a great variety of diseases is now so fully established, that the mode of its administration is a point of corresponding interest. From my experience of this remedy, however, chiefly at the Brompton Hospital for Consumption, and at the Royal Infirmary for Diseases of the Chest, London, I have satisfied myself that, in certain cases, it cannot be at all tolerated; while, in others, the inconveniences from a persistence in its use are so great, as to render it of very questionable propriety. Every one who has extensively prescribed the oil internally will, I think, agree with me in this. In many instances, however, this arises merely from a repugnance to the sensible properties of the medicine. Its taste, smell, or the oily sensation left by it in the mouth or

fauces are complained of, and occasionally induce nausea, and even vomiting. By proper management, the difficulties in question are, nevertheless, usually got rid of. But it is not my intention to enter here into these matters. More serious obstacles present themselves, in the shape of dyspeptic symptoms, of various degrees of severity, occurring some time after taking the oil. These are—loathing of food, eructations having the taste of the oil, nausea, sometimes attended with vomiting, cardialgia, severe abdominal pain in the region of the duodenum, etc. I have observed the last-named symptom to be in some cases a prominent one, and I lay stress upon it for reasons to be afterwards explained. Against the foregoing train of symptoms the measures usually employed in dyspepsia are sometimes successful, but in other cases they utterly fail. I have tried bismuth, hydrocyanic acid, bitters, mineral acids, and alkalies, with the same negative results. The times of taking the oil, as well as the kind taken, have been changed in vain. Although otherwise strongly indicated, a persistence in the use of the oil under such circumstances would of course be highly injurious. I have frequently observed that patients who suffered most from the after-effects of the oil, exhibited no repugnance to the act of taking it. The practice I am about to advocate in cases so refractory as those referred to, was suggested by a theory of my own of the digestion of fat. I must beg to refer to the Medical Times and Gazette of June 3, 1854, for a detailed explanation of my views. It will suffice to mention here that I regard the pancreatic secretion as subservient to the digestion of fats and oils, in virtue of its power of resolving these bodies into their immediate principles, stearine, margarine and oleine, or into the two latter, which are those of cod-liver oil. I have also advanced the opinion that it is the oleine which is alone available for nutrition, and that the others are excrementitious. This theory, it will be observed, is very different from that of Bernard. According to the latter, fatty bodies are absorbed in a state of minute mechanical division, effected through the emulsifying power of the pancreatic fluid. From my own experiments, and having observed that the digestibility of fats and oils appears to be directly proportionable to the relative amount of oleine in their composition, I determined to try the effects of oleine practically pure, derived from cod-liver oil.

For this purpose a considerable quantity of it was prepared, from my directions, by Messrs. Butler and Harding, Chemists, St. Paul's Churchyard. The process employed consisted in submitting the oil to a very low temperature, and separating the oleine by pressure from the semi-solid mass thus produced. I am informed that 75 per cent. of oleine was about the average yielded. Thus obtained, it is a very liquid, and, at ordinary temperature, a very transparent fluid, agreeing in color with the oil from which it is prepared. Its freedom from margarine may be tested by submitting it to as great

a degree of cold as possible, when there should be no actual precipitate, but a certain amount of cloudiness usually occurs. Of its exact analysis I can only speak conjecturally; that of the oil itself is, however, well-known. If, therefore, the good effects of cod-liver oil are largely ascribable to certain substances in combination with it, as iodine and bromine, there is a strong presumption that oleine is superior, as containing a larger proportion of them. Gaduine, a peculiar principle of cod-liver oil to which its efficacy has been also ascribed, according to De Jongh, who discovered it, adheres to the oleine when the margarine is separated, and is isolated only with great difficulty. Gaduine, therefore, will be administered in larger proportion in the oleine than in the oil itself. If, then, in the latter case, oleine is assimulated to the exclusion of margarine, no doubt can exist that oleine is the most active remedy in all cases in which the oil is indicated. It is my present purpose to maintain that in certain cases oleine is alone available, and that its efficacy is at least not inferior to the oil. The question, in its more extended shape, remains to be tested by further clinical experience. When I left London to take my present appointment I had, chiefly out-patients at the Infirmary, a considerable number of cases under observation in which, on account of severe dyspeptic symptoms, cod-liver oil could not be borne at all, or was borne with great difficulty. I regret to say that, with two exceptions, I have not brought the notes of them with me. I cannot, however, recal a single instance in which the use of the oleine in the same or even larger doses than the oil, was unattended with good results. In some instances, as will be seen, severe pain and obstinate vomiting caused by the oil, were at once removed by changing it for oleine. I may here observe, that although in many cases dyspeptic symptoms are at first induced by taking the oil, a persistence in it appears to overcome them. There are other cases in which, although the oil is well borne at first, the system afterwards rejects it. In the latter cases the oleine is most useful, and I have almost invariably found that the oil could be replaced by it with the best effects. I have also noticed in England, as no doubt others have as well, that taking cod-liver oil is much less irksome to certain patients in winter than in summer. Inquiries which I made among retailers of the drug in London as to its sale at different seasons go to prove this remarkably. In this point of view cod-liver oil oleine is of interest as regards warm climates like this. For although the well-known theory of Liebig of the uses of fat in the economy may be adduced to explain the effects of temperature alluded to, it is highly probable that the superior digestibility of oleine would cause it to be better tolerated in hot climates than the oil. The following abstracts are taken from my notes of the two cases alluded to:

E. D., aged 16 years, became an out-patient at the Infirmary, October 3rd, 1854. He had pthisis, and cod-liver oil in drachm

doses three times daily was prescribed. At his next visit he said the oil made him so sick that he had constantly vomited at intervals varying from a quarter of an hour to an hour after taking it. He was then given a finer kind of oil in the same doses for a week. At its expiration, he reported that he had invariably vomited between two and three hours after taking the oil, with the exception of the doses taken at night. Oleine, prepared from the same kind of oil as that last taken, and in the same doses, was now prescribed. For the week following the report is, that he had not vomited at all after the oleine, and felt no inconvenience from it. The oil he had last was now again ordered, and the following week he stated that although it did not actually cause vomiting, he was greatly tormented by its rising in his throat. Recourse was now had to the oleine, which he continued to take up the date of the last entry (some weeks) with the same good results as at first. It is noted that during the week preceding one of his visits his stomach had been so irritable that he had sometimes vomited after his meals, and the oleine had, nevertheless, not induced vomiting or rising in the throat. It should be stated that no alterations were made from the first in his other medicines, consisting of a mixture containing dilute sulphuric acid and a linctus for his cough.

W. B., 9 years of age, was admitted an out-patient at the Infirmary on account of cachexia, February 16th, 1854. He was extremely thin, pale, and languid-looking. He was ordered a drachm of cod-liver oil twice a-day, together with iron in quassia mixture, which was not, however, very long continued. He took the oil more or less regularly until the 18th of August, when I was informed by his mother that he had latterly suffered from great pain and tenderness, on pressure, between the epigastric region and the navel; that she had traced these symptoms to the oil, and that it made no difference whether it was taken before or after meals. Cod-liver oil oleine in the same doses was now substituted for the oil. He took it with remarkable improvement of his general health, and without any complaint for nearly three months. It then occurred to me to try the effects of the residue in the preparation of the oleine, chiefly margarine. This was given for a few days on two occasions, but with considerable interval, in the same way as the oleine. It caused such nausea and "drawing pain," as he described it, in the upper part of the abdomen soon after taking it, that it could not be longer continued. It also appeared to cause obstinate constipation on both trials. On the latter occasion the bowels were not moved for an entire week. In both instances the oleine was resumed with the same beneficial results as attended it at first. I may add that, previous to my last note, January 26th, 1855, I on more than one occasion tried the same sort of cod-liver oil as that from which the oleine was obtained, but was very soon obliged to let the patient resume the latter. Precautions, it may be observed, were

used with regard to these cases to test the merits of the oleine fairly. But in substituting the oil for it, or the reverse, any intimation to the patient of the change was also carefully avoided, so that the matter might be tested still more fairly.

The bad effects of the residue in the preparation of the oleine were remarkable, and, conversely, went to prove the truth of my theory, that in the digestion of fatty bodies it is the oleine they contain which is alone assimulated. The seat of pain and tenderness on pressure, in the case in which the residue was administered, was exactly that which might be expected from derangement of the duodenum in reference to the pancreatic functions. But, omitting all theoretical considerations, I would at present merely ask for a trial of the substitute I have proposed for cod-liver oil in certain cases. I believe that oleine can be administered, as far as regards digestion, in all cases where the oil is desirable.

Smyrna, June 25, 1855.

Chronic Inversion of the Womb. Removed by Ligature.—Recovery. Under the care of Mr. THOMAS P. TEALE. Reported by Mr. SCARTH.

M. S. aged 48, mother of eight children, was admitted into the Leeds Infirmary, April 4, 1855, in a state of extreme anæmia and exhasutton from long continued discharge of blood from the vagina.

She states that up to the time of her last labor, which occured five years ago, she had always enjoyed good health. From this labor, which was more tedious than usual, she recovered favorably, and continued to enjoy fair health for two years and a-half, with the exception of suffering from pain in the lower part of the back. About this time, the menstrual discharge became more profuse, and of longer duration, and were attended with bearing-down pains. In a short time the discharge became incessent both night and day, varying only in intensity at different times. This state having continued more than two years, she came to the Infirmary, blanched and feeble, and incapable of exertion.

On examination, a tumor of firm, but not very hard consistency, was found projecting through the mouth of the womb into the vagina. The tumor was of rounded form, but a little flattened in the antero-posterior direction; its length 1½ inch, breadth at the middle part about 1½ inch, at the neck, which was surrounded by the mouth of the womb, one inch. The mouth of the womb only loosely encircled it, and would allow of the top of the finger being inserted to the extent of a third of an inch so that the points of inflexion of the tumour could be distinctly felt all round.

The patient having been examined by Mr. Teale, along with his

colleagues. Mr. Smith and Mr. Samuel Hay, there was no difficutly in deciding that the complaint under which she labored was inversion of the womb; but the time and mode of its occurrence was not apparent from the account given by the patient, nor was any light thrown upon them by the inquiries subsequently made. Mr. Teale wrote to the Surgeon who attended her in her last labor, five years ago: this gentleman stated that he found in his books the entry of her delivery at the time mentioned, but without note of any unusual occurrence; his practice being to enter a short notice whenever anything of importance connected with the labor occurred. His books also showed that no attendance beyond what was usual was required, and that she recovered without any material drawback. He afterwards lost sight of her. The patient further stated that she never had a miscarrage since her labor five years ago. The inversion, then, if it had occurred at the time of the last labor, must have been unattended at the time by any of the symptoms indicative of this accident, and must have remained two years and a half without causing inconvenience, which is highly improbable. On the other hand, if it occurred two years and a-helf ago, when the symptoms indicative of it commenced, it is remarkable that it should have arisen independently of pregnancy or polypus tumor.

On the 6th of April, Mr. Teale, having drawn the tumor downwards by hooked forceps, transfixed its neck by a nævus-needle, covered with a double ligature. the loops of string being divided, the two ligatures were then tightly tied, one on each side of the neck of the tumor. The patient was placed in bed, and an opiate was given her.

She proceeded from day to day without pain or fever, the pulse never rising above 85. On the seventh day after the operation the strangulated mass was found loose in the vagina, and was removed in a softened and putrid state. The central portion of the tumor, which alone remained free from decomposition, showed under the microscope the natural structure of the womb.

The bloody discharge ceased immediately after the operation. On the sixteenth day, however, there was a slight discharge of blood from the vagina, attended with pain in the pelvis, and for a few days with slight phlegmasia dolens of the right thigh. After this no discharge of blood took place. On the 1st of May she was able to walk about, had greatly improved in condition, and was made an out patient.

For a few weeks she continued to attend, having remained free from pelvic disturbance, but occasionly suffering from epistaxis.—*Med. Times & Gazette.*

On Internal Derangement of the Knee-Joint. By Mr. STEELE. (Assoc. Med. Jour. March 9, 1855.)

Internal derangement of the knee-joint is the appellation given to an injury, the precise nature of which, as may be inferred from its vague title, is not very clearly understood. The accident, however, is not very uncommon, nor is it unimportant in its consequences; for, if overlooked, it may prove very embarrassing to the surgeon, and may lay the foundation of more serious disease. The elder William Hey has the credit of having first called attention to this injury. It is noticed by Sir A. Cooper, in his work upon the joints, and by other surgical writers; but the subject appears scarcely to have received the attention which its importance deserves.

"I have no recollection," writes Mr. Steele, "of seeing a case, or hearing one mentioned during my attendance on hospital practice in London, and elsewhere, and it was only recently that my attention was particularly drawn to it by a clinical lecture of Mr. Smith, of Leeds, which appeared in the 'Lancet' of the 20th September, 1851. A short time after perusing that lecture, I met with a case which I at once recognized from his description. I was also then able to explain satisfactorily to my own mind cases which had come under my notice previously, and which had puzzled me a great deal. The accident is generally produced by some slight fall, slip, or sprain. Sir A. Cooper observed that it occurred most frequently when a person in walking strikes his toe, the foot being at the same time everted, against any projecting body, as the fold of a carpet; he also relates cases in which the accident happened from a person having suddenly turned in his bed, when the clothes not suffering the foot to turn with the body, the thigh-bone has slipped from its semilunar cartilage. The symptoms, when the accident is recent, are very characteristic and readily recognized, when attention has once been drawn to these cases: but yet so slight as very likely to be overlooked or misunderstood by those who are not aware of their occurrence. There is little or no alteration in the appearance of the joint; no swelling or effusion; and no pain when the limb is at rest. The patient walks with a limp, with or without pain, and cannot bring the heel to the ground from inability to accomplish full extension of the limb; the motions of the joint are unimpaired, except that extension, either by the patient's efforts, or those of the surgeon, can only be partially effected, so that the limb remains constantly a little bent. In some instances, the cure takes place suddenly and accidentally; in others, the mischief will continue for days, weeks, or months. Some patients are liable to a recurrence of the accident, as is recorded by Sir A. Cooper, and as I have observed in one instance in my own practice. When accompanied by other severe injury or disease of the knee-joint, as may happen either from the violence producing the accident, or from

rheumatic or scrofulous inflammation consequent upon it, the case assumes a more curious and complicated character, is less readily detected and less easily remedied.

"The exact condition of the internal structures of the joint, which is subjected to this derangement, is not accurately known. Mr. Hey says, 'an unequal tension of the lateral or cross ligaments of the joint, or some slight derangement of the semilunar cartilages, may possibly be sufficient to bring on this complaint.' Sir A. Cooper regards it as a 'partial luxation of the thigh-bone from the semilunar cartilages.' Mr. Smith, of Leeds, thinks that 'the edge of the semilunar cartilage is turned upwards.'

"The treatment to be adopted in the recent uncomplicated cases of this injury is exceedingly simple and usually very satisfactory in its results. It is clearly and graphically described by Mr. Smith, in the lecture before alluded to; and I cannot do better than give it in his own words: 'If the right knee be the one affected, I place the patient at length on a sofa on his left side, I then take hold of the right ankle with my right hand, and by slow and gentle means gradually flex the limb until the heel presses upon the buttock; now is the time that a little cunning and art is required to perform the full extension, for if you attempt this without manœuvering properly, you are foiled, the muscles resist the action, and you can only succeed by cheating them. I now take care the patient does not see what I am about. I place the left hand above the knee, grasping the vasti muscles, hold the ankle above the heel with the right hand, make several gentle extensions, but no further than to a right angle; and when my patient seems fully impressed with the belief that I am going to proceed no further, when I am satisfied I have caught him off his guard, I suddenly and fowerfully perform the full extension of the limb. Generally I succeed; sometimes I fail, and I have to repeat it once or twice. When the full extension is accomplished, the cure is usually complete.'

"Where this plan fails, and especially in cases of long standing, Mr. S. Hey recommends 'flexing the leg fully, placing the arm nuder the popliteal space as a fulcrum, to separate as far as may be the head of the tibia from the condyles of the femur, and at the same time to produce rotation of the tibia.' I will now relate some instances of this affection, which have fallen under my own notice.

"Case 1.—The first case which I recognized was that of a young female, who stated that she sprained her knee some six days before, by a trip,while going up stairs; she had consulted a surgeon, who ordered her an embrocation, but she was still unable to walk without great difficulty. There was no pain or swelling of the joint; but the patient was unable to place he heel flat upon the ground, or fully to extend the limb. I adopted the manipulation described by Mr. Smith, and the limb was at once restored to its natural condition, except some weakness, which remained for two or three days, after which she had no return of the complaint.

"Case 2.—The next case was that or a mechanic who fell down a steep bank while carrying a rocking-horse; he had contusions on various parts of his body, and suffered severely from the general concussion of the fall, and was confined to his bed for some days; on attempting to walk, he found he was unable to put his foot flat to the ground; and, on examination, I was satisfied that the knee was in the condition peculiar to these cases; there was also in this case acute pain when firm pressure was made on the inner side of the joint. Manipulation, as in the former case, enabled the patient at once to place his foot firmly to the ground, and in a few days he walked as usual.

"Case 3.—The next case I shall relate was of a more complicated nature. An iron-moulder, æt. about 40, of intemperate habits, and very liable to rheumatic inflammation, fell down and sprained his ankle, which became hot, painful, and much swelled; but these symptoms subsided in a few days, and his knee became similarly affected, and he then applied to me for advice. The knee-joint was leeched and blistered repeatedly, and the treatment appropriate for rheumatic synovitis carried out, under which the case slowly improved; and the joint was, with the exception of some thickening of the synovial membrane, restored toits usual state, except that the patient was unable to extend the limb completely; flexion and extension gave no pain, but he was unable to walk across the room, from inability to put the foot to the ground. After carefully examining the limb, I became satisfied that the peculiar derangement of the joint we are speaking of had occurred probably at the time of the accident; but my attention being drawn to the more evident acute affection, and as semiflexion was the position I wished to preserve, as most conducive to the relief of the pain and inflammation of the joint, it had escaped my notice. I adopted forcible extension in the same way as in the other cases, and the patient at once jumped out of bed and walked across the room. It was some time before the whole of the thickening about the joint was got rid of; but there was no more difficulty in placing the foot to the ground, or of fully extending the limb."

Mr. Steele also refers to two cases in which he had every reason to believe that the same kind of mischief existed without being detected, one of which was set right by the rough practice of a "bone-setter," after foiling his own efforts to relieve it. He then adds, a similar derangement of parts may occur in other complicated joints, as the shoulder or hip, and these eluding the ordinary examination of a medical man, are unconsciously remedied by the rude handling and rough manipulations of these ignorant pretenders. A small balance of good to place against the incalculable amount of mischief, which these unscrupulous gentlemen inflict upon the limbs and lives of those who intrust themselves to their care."

Lithotomy simplified; or a new method of operating for Stone in the Bladder, &c. By George Allarton, M. R. C. S.

The operation which Mr. Allarton recommends is a modification of the old Marian operation, which was practised by all the surgeons in Europe in the sixteenth and seventeenth centuries, and which has been revived in variously modified forms at different times since, particularly in 1843, by Dr. De Borsa, of Verona. In the Marian operation a grooved staff is introduced, and *cut down upon in the middle line* and various instruments are then employed to dilate the opening into the bladder

Mr. Allarton thus describes his method:

"I introduce a grooved staff in the usual manner, and of the usual size, and confide it to an assistant, with directions to keep it perpendicular and hooked up against the pubes: I then introduce the index finger of my left hand into the rectum, placing its extremity in contact with the staff, as it occupies the prostate, and press it firmly against the staff, so as to steady it, then, with a sharp-pointed straight knife, with tolerably long and rough handle, I pierce the perinæum in the middle line, about half an inch above the anus, or at such distance as may appear necessary to avoid dividing the fibres of the external sphincter—I carry the knife steadily and firmly on till it strikes the groove of the staff, the deep sphincter lying between the knife and the directing finger, which enables me to judge of the distance as the knife passes along. If the incision be not made exactly in the median line, the contracting fibres of the injured muscles draw the point of the knife from its direct line and interfere with the accuracy of striking the staff, hence the advantage of the long rough handled knife, which affords a firmer hold and better purchase. Having struck the groove of the staff, I move the point of the knife along the groove towards the bladder a few lines, and then withdraw it, cutting upwards, so as to leave an external incision of from three-quarters of an inch to one and a half inches, according to the presumed size of the stone—the escape of urine indicates the entrance to the urethra. I then introduce a long ball-pointed probe or wire through the external opening into the groove of the staff, and slide it into the bladder, to sufficient depth to insure its safe lodgment in that viscus, and withdraw the staff. I then well grease the index finger of the left hand and pass it along the probe, with a semirotatory motion, through the prostate into the bladder; which procedure is achieved without difficulty, and when the stone is free it comes at once into contact with the finger, and, if of moderate size, passes at once into the wound on withdrawing the finger, the patient having power to strain upon and thereby facilitate the extraction of the stone; this last mentioned power being one of the great advantages of this operation; the incision being made strictly in the median line, no muscles are divided, and the integrity of the bladder being preserved, it is under the control of the patient, who

exerts, at the wish of the surgeon, a powerful propulsive effort which keeps the stone in or in contact with the internal extremity of the wound, where it is easily seized by the forceps and extracted by mild persevering traction. Now as the aperture is necessarily the size of the finger which produces it, if the stone be large some other dilating power must be employed in addition to the dilating effect of the forceps and stone combined; for this purpose Weiss's three-bladed female dilator, Arnott's hydraulic dilator, or what is at once ready and effective, the addition of the vulcanized india rubber finger stalls one over another until the finger is sufficiently enlarged for the purpose, the outer covering being well lubricated with lard before being introduced. But Arnott's dilator where it can be procured, is by far the most efficacious though not the most expeditious means. Should the stone be of unusual size, it may be readily broken by a short, strong and straight lithrotrite, or by a strong and suitable pair of forceps closed by a screw, if the stone be soft and yielding—I say readily, because the stone is, in this operation, within so short a distance of the external aperture that mechanical aid can be brought to bear upon it without the slightest difficulty or risk; again, should the stone resist the efforts to crush or extract it, the wound can be readily enlarged upward or downward, by dividing the deep fascia, even be converted into a bilateral aperture sufficient to extract any average sized stone. I believe the deep fascia to be the great obstacle to the extraction of the stone: I have observed that i. acts like a ligature round the finger or forceps, and resists the extraction of the stone. The patient suffers little in this operation, and merely complains of the pricking-stabbing sensation of the first thrust of the knife, the subsequent extraction of the stone does not appear to cause pain; he passes his urine freely by the urethra as well as by the wound, from the time of the operation, and there can be little doubt that the wound might be nearly healed by the first intention with perfect safety. Two of my patients were up and out the day after the operation, and one was walking out on the third day (a cold, snowy, frosty day). The wound, left entirely to nature, without tents, &c., heals in about three weeks. The patient from the completion of the operation, excites no anxiety for his safety; he usually sits up and moves about on the following day, and I cannot well imagine the advent of inflammatory or other bad symptoms.

"The three principal features in this operation, as differing from De Borsa's, are—First, the introduction of the finger into the rectum as a guide, by which the staff is held steady, and the course of the knife guided, so as not to approach too closely to the rectum and to insure the striking of the groove of the staff on the first attempt.

"Secondly. The cutting on the staff daggerways, and completing the incision at one introduction of the knife.

"Thirdly. The complete withdrawal of the staff on the introduction of a long probe, which renders the chance of lacerating the prostate less, on the forcible introduction of the finger."

The advantages of the operation, according to Mr. Allarton, are—

"The impossibility of missing the bladder—the smaller amount of cutting than in the lateral operation—the neck of tne bladder being uninjured—the smaller amount of blood lost—the prostate being merely dilated, not incised—the urine being at once passed by the urethra as well as by the wound unless union by the first intention be effected—the facility with which the stone is reached, the patient being able to propel it toward the wound—the very short distance between the external opening and the interior of the bladder—the capability of breaking or crushing the stone, and washing out the bladder and freeing it from any minute particles—the small amount of pain—the absence of danger from urinary infiltration—no muscle or vessel of any consequence being divided, no subsequent imperfection can arise—no danger of wounding the rectum—the rapid recovery, the patient being able to go about the next day—and the great facility with which the operation can be done by any practitioner of ordinary skill and ability."

One argument in favor of the median operation strikes us as of much force.

"It is evident," writes Mr. Allarton, "that all the muscles forming the floor of the pelvis act in unison—to divide any one of them, or the fascia which supports them, destroys the integrity of the whole; hence we find that the patient, in the lateral operation, has not the same power to strain and cause the bladder to expel its contents—the *point d'appui*, of one side is gone—the injured side ceases to be antagonistic to the other, hence the bladder recedes before the finger, and before the forceps, requiring the utmost stretch of finger, sometimes, to reach the stone; whereas, in the median operation, the finger readily explores the bladder, and the patient, by his voluntary efforts, can propel the stone towards the aperture, and materially assist the operator in its extraction. Any gentleman who has once explored the wounds made in the two operations, with his finger, will not fail to perceive and acknowledge the great advantage of the median over the lateral operation."

Dr. De Borsa says that of 100 cases operated upon by Dr. Manzoni and himself, only one proved fatal, and that from causes irrespective of the operation. Mr. Allarton has operated thrice, the first time about fourteen years ago.—*Ranking's Abstract.*

UNITED STATES.

Complete Inversion of the Uterus, and Restoration on the Seventh Day. By Frank H. Hamilton, M. D., Professor of Surgery in the Medical College of Buffalo, New York.

Mrs. A. B., aged 22 years, was brought to bed with her first child, on Friday, the 30th of March, 1855. Mrs. B. had always been

delicate. The labor was not rapid nor remarkable in any respect. The surgeon in attendance, one of the most skillful and experienced country accoucheurs, was waiting quietly for the placenta, when, without any admonition, it was suddenly expelled, and at the same moment the uterus became completely inverted. The surgeon was immediately aware of what had occurred, but in the midst of his surprise at so unusual an event, and his alarm for the safety of the patient, who seemed to be dying, he omitted to make any attempt to restore it to position.

After some hours, Mrs. B. began to rally, and from this time she steadily improved until I saw her, just seven days from the day of her delivery. She was then pale, but this was in some degree habitual. Her bladder and bowels had been emptied regularly. The uterus could not be felt in the belly. The hemorrhage, which had never been excessive, ceased entirely a few days after the occurrence of the inversion. She had an almost constant pain in the region of the uterus and vagina, low down in her pelvis, with occasional exacerbations like after pains. The uterus could be felt, as she lay upon her back, about one inch within the vulva, and of the size and shape, nearly, of a large pear. The fundus was rough and slightly fissured, feeling somewhat like the surface of a placenta, and much more firm. As the finger was pressed upward and around the sides of the tumor, the surface became abruptly more smooth. the *cul de sac* formed by the reflection of the vagina from the neck of the womb was easily reached on all sides. The womb was not particularly tender to the touch.

Mode of Reduction.—The patient lying in bed upon her back, I introduced my right hand carefully into the vagina and pressed the womb upward firmly until the walls of the vagina were extended to their utmost, and my strength was nearly exhausted. During most of this time I was pushing with my four fingers and thumb, grasping the uterus, and only once did I rest a knuckle of my fore finger against the fundus. The patient was hurt considerably, but no impression was made upon the inversion.

After a few minutes I repeated the same manipulation, and with the same result.

Reluctantly I now made a third effort, having very little confidence that I should succeed, at least without the aid of chloroform. I employed at this time no more force, nor was it longer continued, but while I was pushing I felt the uterus gradually receding, and in a few seconds more my fingers were within the neck, which opened widely beneath the restored fundus and body. I continued to press gently against the inside of the womb, as if to support it from falling; and meanwhile the mouth was felt to be closing by a sensible and irregular contraction, until at length it was sufficiently closed to warrant a withdrawal of the hand. The patient was only slightly fatigued. The womb could not be distinctly felt in the abdomen.

The process of restoration was by *evolution from the neck*, and not by introversion from the fundus. This could be distinctly observed throughout the procedure, the fundus being the last to disappear. There has been no recurrence of the accident, and her recovery is complete.—*Nashville Journ. of Med. Surg.*

Opium in Peritonitis.—The following is from a conversational discussion in the Louisville Medical Club, as reported by the Secretary, Dr. JOHN BARTLETT, in the Western Journal of Medicine and Surgery.

In compliance with the request of the club, Dr. BENJAMIN R. PALMER expressed his views on peritoneal inflammation.

He said that his attention had been particularly called to this disease. It prevailed where he had practiced in Vermont. He had been educated in the antiphlogistic school, and accordingly his first patient was bled three times—she died. The next patient he bled three times in twenty-four hours without affording relief. At this juncture he chanced upon a copy of John Bell's journal, containing lectures from Armstrong, who stated that for peritoneal inflammation there were three remedies—blood-letting, opium and calomel. He gave the opium in five grain, and the calomel in one grain doses. Of the two remedies, he deemed opium the more efficacious. Dr. Palmer's second case began to improve when opium was given.

About ten years ago, having been called to a patient rather advanced in the disease, he *commenced* the treatment with opium and calomel. He then experimented to determine if blood-letting might not be dispensed with, and he succeeded without it. Dr. Clark tried opium alone, at Bellevue, and found it competent to cure. This was about ten years ago, and since that time Dr. Palmer has treated peritoneal inflammation with opium. He is satisfied of its extraordinary curative effects. He gives it to the extent of rendering the patient comfortable—two grains every two hours in ordinary cases. Three years ago he treated a case giving five grains of opium every two hours for three days. In two or three instances he narcotised his patients, so that in one case the respirations were only three and a half in a minute. If the pulse of patients without opium is 120, it will sometimes fall to 100 under its influence. This remedy has been successful in his hands when there was hiccup, vomitings, pinched face, &c.

Cases of peritoneal inflammation are rare even in the neighborhood of Woodstock; but for the last twelve years he has treated three or four cases each year. Some of the physicians in his section purged their patients—frequently calling the disease billious colic. Such treatment was unsuccessful.

In relation to the constipating effect of opium, he had observed

that as soon as the violence of the disease abates, there are frequent actions on the bowels. He remembers a stout man who went twenty-one days, another nineteen, and others twelve and fourteen days without evacuations.

Dr. Clark has satisfied himself that opium was competent to the cure of this inflammation, by employing it during a severe epidemic of puerperal fever at Bellevue. Dr. Clark has given enormous doses of opium. in one case *four hundred and seventy-two* grains were given; in another, one ounce was exhibited in fourteen days.

Dr. Palmer mentioned the case of a woman who recovered from a terrific attack, and in whom he is confident the peritoneal adhesions gave way after having troubled the patient for several years. She referred the breaking up of these adhesions to the jarring produced by equestration; it was sudden, and attended with pain, shock, &c.

Sometimes the opium produces perspirations; when it does he simply diminishes—does not suspend the dose. He has never known effusion in the cranium to result from its use.

In cases of colic Dr. Palmer gives opium first, and then uses evacuants.

Dr. Clark should be considered in the first rank of anti-phlogistic practitioners, and he proposed to try opium in pericarditis.

Dr. Palmer had never encountered an epidemic with opium. Dr. Clark, however, had, of seventeen of his cases, eleven recovered; those that did not recover were among the first treated. As to its modus operandi he had not speculated; its interference with the due oxygenation of the blood might be considered a mode.

Dr. John Hardin reported three cases treated by opium at the suggestion of Dr. Palmer.

One was a woman with motroperitonitis—sick two days. She had been treated with purgatives. Her pulse was 130; her abdomen enormously distended, and her face hippocratic. He ordered her one grain of opium every hour. She slept, and the next morning he commenced giving one-half of a grain of morphine every two hours, continuing this dose for several days. She recovered in eight days.

Last winter he had another case, complicated with severe bronchitis. The patient had bad symptoms, tympanitis—in short, looked as if she would die in twelve hours. Under the opium treatment she recovered in ten days.

In a third case, occurring in a stout woman; he gave nothing throughout but opium; she was well in ten days.

Dr. Hardin has seen a number of cases of peritonitis occur during epidemics of erysipelas. He remembers that of two cases one died. The treatment adopted was not mentioned.

Dr. Gross referred to the mechanical effects of opium as explanatory of its curative powers in peritonitis.

Dr. Hardin enumerated its physiological effects.

Dr. Knight said that he had treated a woman with peritonitis, twenty years ago, with opium, nitre and ipecac. He was in the habit of giving it as a remedy in these cases.

Dr. L. P. Yandell extolled its curative powers. He considered it the best remedy for sick headache.—*St. Louis Med. and Surg. Jour.*

The Consumption Curers of New York. By an Invalid M. D.

With regard to life it has been said by a late writer, that "we persuade ourselves that it teems with novelties and delights; that it abounds with high festival days and gala shows, somewhere in happier regions, although they come not to us." This remark is especially true with regard to the hopes and expectations of the invalid.

Art may fail him at home, measures which he must feel are well directed, may disappoint, friends may mournfully walk around him; still his mind at times overleaps all, and loves to revel in the idea that somewhere, in some unknown land, there lives the mind to conceive, and there exist the remedies which it can direct, for his recovery.

The sweet solace of the mind, Hope, as every one knows, is the constant attendant on consumption, where it is, indeed, a heavenly visitant. Wasting day by day, who has not seen the wretched victim letting go the greater hopes of yesterday, which may have pointed him to a complete recovery, but to cling the faster and with as sweet content to those of to-day, although they promise only a partial convalescence.

I cannot conceive of a more beautiful dispensation of providence than this. Round and round in a narrowing circle, day by day, but nearer the end, yet there is always hope that the last thing tried, despite of preceding failures, wlll prove just what is wanting. So sweet a comfort the pitying angel must send for a good purpose. But so much good comes not unmixed with evil; for this very buoyant feeling of hope is taken advantage of by designing men, whose promises to furnish remedies to suit every case, are only equalled by the extent of the popular credulity. I believe that it is in ignorance that such deceive the afflicted. If there are any who do it knowingly, who *will* take advantage of this heaven-born feeling for the purpose of money-making; to them I have but to say with Othello:

> Never pray more: abandon all remorse,
>
> * * * * *
>
> For nothing canst thou to damnation add,
> Greater than that.

Messrs. Editors, guided by just such feelings as I have attempted to describe, I directed my footsteps to the great city of New York.

I have a large cavity in the upper part of the left lung, and I had been told with a sad voice and a firm aspect, by one whom I loved and had every reason to respect, that softening had already begun in the apex of the opposite organ; and I am emaciated to the last degree. Nevertheless, from the glowing accounts which I had heard of the wonderful power over the disease, possessed by numberless men in this great commercial emporium of our Union, I resolved to proceed thither at all hazards.

My mind was filled with vague, but most embarrassing hopes, shadowy outlines of superhuman skill, in men, high above their fellows in point of pure humanity and disinterested devotion to the science of life, flitted before my morbid vision, giving me strength to endure the journey.

Two great parties I found engaged with equal zeal in this important work. The one I shall describe as the constitutional class, or those who adopt a general treatment; the other the local, or those who adopt a strictly topical method of cure. I had been educated in the former school, and did not tarry long with its professors.

Improve the nutrition,—cod-liver oil—good diet—much out-door exercise,—measures which I knew had saved me so far, were all they could tell me about, but knowing all this before, I was not satisfied, and wished to go farther; for these I found were not the men who were doing so many wonders. I diverged a little into the intermediate class—a sort of divining doctor, by spiritual agency—who had an immense run, as I learned, among the clergy. The Dr. was overrun with patients—his ante-room was like the lobby of a theatre on the night of a popular actor's benefit.

I took my seat, and abiding my turn, it came at last. I found behind the scenes, one having the air of "a most prosperous gentleman," who looked through my case with an imposing flourish—smiled approvingly—received a fee,—I thought an enormous one—and bade me follow him and I would be well. Conducting me back into the ante-room, he sang out some words in an unknown tongue to a clerk near the window, who wore a remarkably stiff standing shirt collar, and then, with a graceful wave of the hand, withdrew. This latter person at once handed me a package of medicine, already neatly put up in a handsome paper box. Ah, said I in surprise, did you have it ready? Yes, said the clerk, carelessly, I saw you come in, and whilst you were waiting to see the Boss, I put it up. Then, rejoined I with warmth, you knew beforehand what he meant to give me?

The clerk with a stiff standing collar, thrust his tongue into his left cheek, drew the lower lid of his right eye grimly down, with his ring finger, leered at me significantly, but with much good nature, and I departed, I trust, a wiser man.

After visiting a man who had told me that he had enjoyed the honor (hitherto unknown to Americans) of being the physician for

many years to her majesty, Victoria, queen of England, and that he had a book which he sold for 12½ cents, which would tell me how to cure myself of my disease as well as he could; and which I did not buy for reasons which must be obvious; I became disgusted with this whole class, and having no other alternative, threw myself into the arms of a Topical party, with hope still undiminished.

But in this there was some difficulty, for I found two parties, and which to select perplexed me some. The one I shall characterize as the *Probangers*, the other the *Inhalers*. From what I learned, the history of these parties is possessed of no little interest.

It appears that the Probang, and its accompanying sponge and caustic, were not originally used to cure consumption. In simple throat affections however it had an immense run. Clergymen everywhere had tried it, and such of their flocks as they could influence had followed suit, and the whole thing became rapidly much in vogue.

Finding how easily it went down the throats of the people, it bye and bye took a bolder stand, and stoutly proclaimed its power to cure consumption, in its common form. Still, it must be remembered, in all this time it never claimed to go beyond the bifurcation. But we all remember how popular it was, and what vast sums of money it must have made.

Whether it was the latter, which is a great stimulus to invention, or some higher motive, it is certain that this thing did not pass unnoticed. Active minds were at work, and vigorous intellects became engaged in tapping this rich mine, and in pushing further the investigation. As the result of all this, inhalation turned up. The probangers were taken on their own ground—the people were told that if topical treatment, so partially applied, was successful, how much more were they entitled to expect from a method making the whole lung accessible to medical agents. The reasoning was plausible—the thing took—Probangdom tottered to its very base, and inhalation became the rage.

But our friends were not to be put down in this manner; they were penetrating men, and at once saw that all they had to do was to go a little deeper. The old idea of the bifurcation, being the limit of the probang, was therefore abandoned, and it was proclaimed that cavities could be invaded and sponged out, and that inhalation could not dare do more than it.

This was the state of things at the time of my first visit, and it was this which led to my perplexity already spoken of.

But as I had already (as everybody else almost have done in my situation) used the probang, as far as the bifurcation, as it was said to have been applied, I at length decided upon inhalation, and repaired without delay to its head quarters in the city. The Doctor received and examined my case with exceeding care. At home, my

medical friends could perceive at a glance, as they told me, by the flattening of the left side of my chest, and by its quiescence during respiration, the nature of my disease, but these signs were not sufficient for my new adviser.

He stripped me to the skin, measured, percussed and auscultated, over and over again every part. I never saw so much pains, and would have thought some of his manipulations indicative of decided "greenness," but for the exalted reputation and obviously large experience of the operator. He found my case a very beautiful one—I was, he said, just enough diseased to test the full power of his method. In the course of his remarks, however, it turned up that this person was not the genuine man so widely known, and I dressed myself with some show of indignation. He took my complaints very quietly, and showed me into the next room. The person who there received me won my heart. He showed me around, examined my case, predicted "a good time coming" for me soon, but in the midst of it all, announced himself as only an assistant, and appeared greatly surprised that I should think anything of that. I stamped in rage, and announced that I had come all the way from Virginia just to see the genuine article, and would not be satisfied with any substitute. This gained me admission into the great man's presence. I found him superb. My account of my reception amused him much, and we became unreserved and quite intimate.

The fact was, he told me, that these fellows had come well recommended to him,—the business had prospered in their hands—he was no judge of qualification—didn't pretend to it—had seen an opening for it, had got the business up, and managed only the advertising and money department. In short, said he, I am only the capitalist of the concern. The little fellow you first saw, he furthermore proceeded, is, I think myself, a little too fussy over the chest, but the other one, I do think, is *nice* for the throat.

I had one other chance, which was to have my cavity sponged out. The Doctor told me my case was a beautiful one for the treatment. I admired his ingenious arguments in favor of his method, and was quite carried away by his charming description of the *rationale* of the whole operation. When he finished, I announced, with enthusiasm, that I was a convert to his views, and pronounced myself ready at any moment for the operation. He examined me again with greater care, and with a faint touch more of gravity in his countenance. It was just the thing for my case, said he, and would have to be done, but not then. You get back home, he proceeded, and *get a little more strength*, and then return, and I'll perform the operation for you.

One hour afterwards, feeling as a doomed man, I left the great city of New York. The consumption curers have taken from me all my bright hopes, and left me but a mockery.—*Virginia Med. and Surg. Jour.*

Paregoric Powder. By JOHN P. LITTLE, M. D., of Richmond City.

I have used for some time past a preparation of paregoric in the state of powder, instead of always using it as a liquid. It is nothing more than the solid ingredients, which are used in making the camphorated tincture of opium, reduced to a very fine powder, and mixed intimately with prepared chalk and sugar.

Sometimes I have rubbed up oil of anise with the chalk, thus making the powder more closely to resemble the liquid paregoric. More commonly, however, I have added a drachm of powdered cinnamon instead.

This is the prescription as commonly prepared: ℞ Pulv. opii, ʒ i; pulv. cinnamon, ʒ i; acid benz. ʒ i; gum camphor, ℈ ij; sac. alb. ʒ iij; cretæ prep. ʒ iv and ℈ i. M. Fit. Pulv.

There will be one grain of opium in every drachm of the above powder—that is to say, one drachm of this preparation will be equal in anodyne properties to about half an ounce of paregoric, and one grain of the powder will represent four minims of the liquid. By bearing in mind, then, this proportion of *one to four*, the practitioner can easily proportion his dose to the character of the disease and the peculiarities of the patient.

This powder easily mixes with water, and owing to the quantity of sugar it contains, is readily taken by the child.

I question whether it would not be well to increase the quantity of benzonic acid in the above preparation. It acts upon the mucous membrane of the stomach and lungs, and has a very happy effect on the kidneys and urinary secretion.

This powder may be employed in all cases requiring the use of a mild anodyne, or wherever paregoric is commonly prescribed; and especially in those cases, frequently met with among children, where the stimulating properties of the alcohol render the use of the tincture of doubtful advantage.

The chalk is beneficial by its antacid property; and as will be at once seen, the compound of opium with chalk and an aromatic, forms a valuable medicine for the treatment of infantile diarrhœa.

It is in this class of cases especially that I have made use of it, combining it with calomel, or adding a larger proportion of chalk. I have found it one of the most efficient remedies ever used by me in the treatment of those troublesome diseases called summer complaints.

I prefer the use of it in place of the paregoric tincture, where it is necessary to soothe a child to slumber, who is suffering in cutting teeth, although it is necessary here to guard against any tendency to constipation, by adding rhubarb to the powder, or administering small doses of castor oil.

Indeed it may be added to many of the medicines which we are accustomed to give to young children, being used for instance as a carminative to render more easy the action of a purgative.

I have used it also for adults, in diarrhœa, etc., or wherever an anodyne antacid and carminative were required.

An objection to the use of liquid paregoric, that its strength may be increased to a very dangerous degree by the evaporation of the alcohol with which it is made, cannot of course lie against this preparation.

And if it be urged that paregoric, in powder, cannot be so conveniently given as paregoric in liquid, (the one having to be weighed and the other being merely dropped, it might be answered, that parents and nurses are too much in the habit of dosing young infants with this dangerous liquid, and that it is far better for the administration of opiates to remain in the hands of those who are qualified to use them.

Paregoric, Godfrey cordial, and all this class of anodynes, have slain more children than the wars of hostile nations have destroyed of men.

In preparing this powder, it is scarcely necessary to state that great care should be taken to see that the ingredients be finely powdered and thoroughly mixed.—*Stethescope.*

Case of Double Uterus; both Impregnated.—Dr. J. T. Kannon states (New Orleans Med. and Surg. Journ., May, 1855) that he was called in consultation to see a woman who had been delivered early in the morning of a child. There were still all the external appearances of another child remaining, the womb being entirely empty, the placenta having come away. Owing to great prostration consequent upon the birth of the child, and the womb being empty, Dr. K. supposed that laceration had occurred, and the fœtus had escaped into the cavity of the abdomen.

He passed his hand into the empty womb, and found its walls solid, not the least appearance of a rupture having occurred. The probability of a septum with a double womb suggested itself to his mind, and further examination revealed the correctness of this opinion. Looking upward and forward, near the edge of the symphysis pubis he found the os uteri of another womb, with the head of the fœtus resting directly on the pubis. There was no effort making on the part of the womb to expel the fœtus, and the usual remedies failing to bring on the pains, an attempt to turn and deliver was tried; but the peculiar position occupied by this second womb rendered it very difficult. As by this effort it was discovered that the fœtus was dead, he resorted to the crotchet, and brought away a child weighing six or seven pounds.

This lady was the mother of five children, but never previously had both wombs been impregnated at the same time. The septum was horizontal, with the os tincæ of the lower and posterior womb in the natural position, the anterior considerably elevated.—*American Journal of Medical Sciences.*

Observations on Syphilis.

The primary tendency of syphilis is to the cutaneous and mucous tissues; progressively, the fibrous formations, bones, muscles, tendons and nervous structures, are invaded. These organs are all subject to desorganization, and the destructive process even attacks the parenchyma of viscera. Organic disease of the liver, larynx, stomach, lungs, heart and brain, are engendered by syphilis.

Professor Dittrich, of Erlangen, has shown that the tertiary disease produces inflammatory action in the liver, proceeding to partially organized exudations. Cicatrization sometimes ensues, and sometime suppuration.

Syphilitic hepatitis is first evinced by jaundice, tumefaction in the region of the liver, diarrhœa and dyspepsia. The sanguineous engorgement is liable to extend toward the enfolding membrane of the liver, and severe peritonitis may be the result. The adipose tissue shrinks, the muscles are enfeebled, and weakness of the senses of sight and hearing ensues. The skin is livid or sallow, and indicative of the cachexia. The blood disks are diminished, anemia and asthenia are accompanied by palpitations, vascular murmurs, and throbbing headache, symptomatic of imperfectly filled veins and deteriorated blood. Atheromatous deposets, purpura hæmorrhagica and remittent fever sometimes take place.

Professor Dittrich has published three series of cases illustrative of his views. The first group confirmed the co-existence of inflammatory action in the liver and destructive ulceration at the palatine arch.

The second class involves cases exhibiting no disease of the throat, though the hepatic and pulmonary disorganization was unmistakable consequent upon venereal poison. Other cases were demonstrative of the simultaneous existence of exudation, the suppurative process, and cicatrization in the liver.

Numerous autopsies convinced Ricord that syphilitic tuberculosis existed in the lungs, analogous to cutaneous gumma. The pulmonary and external tumors proceed through the same stages toward suppuration. The same observer saw tubercles in the heart which had commenced to soften. The lungs and skin presented similar exudations, though there had been no evidence of pulmonary phthisis anterior to contracting the lues. This Author recommends an anti-syphilitic medication whenever any profound ailment, masked in its symptoms, resists a rational treatment, and a probable suspicion of a venereal taint exists. Syphilitic perichondritis and laryngeal inflammation arise by extension from the free surfaces. Dittrich maintains that the affection uniformly invades the soft parts primarily. Portions of the exudation are removed by suppuration, and the ulcerative process penetrates the subjacent tissues. Thus disintegration of the cartilages and necrosis occur.

Syphilis may cause idiopathic affection of the brain and spinal marrow.

Ricord found tubercles in the brain of persons who had died from syphilis, resembling syphilitic deposition elsewhere. He asserts that syphilis is a very frequent cause of palsy and disturbance of the sensory and motor functions. The tertiary disease is an occasional cause of epilepsy. Ricord cured such a case, wherein the treatment of other physicians had proved inefficient.

The same authority describes a form of nervous derangment termed by him syphyliphobia. Uncontaminated by venereal contagion the patient imagins himself to be the victim of syphilis, and the hypochondriac conviction haunts him perpetually. Every slight bodily derangement is magnified into an indication of the latent disease, and the patient becomes a persistent plague to himself and physician. The consequences are often deplorable, for the patient is quite sure to suffer, either from his own imprudent drugging or at the hands of some rapacious chalatan.—*Boston Med. and Surgical Journal*

Case of Chorea Cured by the Extraction of Eight Teeth. By Dr. T .J. Villard.

Messrs. Editors:—I was called upon while in practice in Georgetown, District of Columbia, by Dr. J. A. Ritchie, a practioner of medicine of some note in the District. He wished me to see a case of Chorea; he, at the same time, thinking it proceeded from pressure on the nerves of the face. I examined the case, and found a young lady, Miss L., suffering greatly from what is commonly called St. Vitus' Dance. Dr. H. Magruder, a physician of high standing, was also called to witness the operation, by the consent of the family. I found several stumps in both jaws, the gums entirely covering some of them, and on pressure of the same, I caused her great pain, and pus exuding upon the slightest pressure. I also noticed by the slightest touch with a hard instrument, she would have a paroxysm most painful to witness. She would loose all control over herself and drum on the floor with her feet when in a sitting position, loud enough to be heard a distance of fifty yards. She would also distort her features, and it was impossible to keep her still for a single moment. I proceeded to give her ether, and it took a double quantity to make her insensible of pain. I then took out eight stumps and some small pieces of dead alveola which had caused a continuous irritation of the parts. I will mention that the gum had grown over some of the stumps and hid them entirely from view. There was a great discharge of pus when I made the incision, which was quite offensive. I visited her several times, and gave her from the

first an astringent wash for her mouth. She commenced from that day to gain strength, and the paroxysms grew less frequent. I have the pleasure now to announce to you that she has recovered her usual health, and all appearances of her former tormenting disease has gone. I neglected to tell you that the case happened in December, 1852, and since that time I have seen the young lady often, and feel proud of my success.—*Dental News Letter.*

Report of Cases of Cancer Treated with Chloride of Zinc. By T. F. Peyton, M. D..

In October, 1849, I was called to see Mrs. E——, suffering with cancer on the inside of the right leg, and about three or four inches in diameter.

It made its appearance in the form of a small tumor or node, about three years previously, and in 1848 was operated on by a distinguished surgeon of Louisville, Ky., with the knife, removing the tumor to the depth of half an inch. It gradually healed, but in four or five weeks began to swell and harden; the pain became severe, and she again presented herself for an operation, which was declined on the ground that the tumor was too deeply imbedded in the muscular structure, that if removed with the knife she could never walk.

She then moved to Tipton county, Tenn., where I first saw her, on the 12th of October, 1849.

Symptoms.—General health very much impaired; some diarrhea; has not used the leg for ten or twelve months; considerable swelling, extending from the knee to the hip; will not bear to have the leg touched; the surface of the cancer uneven and ragged; somewhat raised above the surrounding parts. Ordered—℞. Sulphate of quinine, grs. xxx; pulv. ipecac. et opii, grs. xv; pil hydrarg., grs. x; M. ft. pil. x.

One pill every three hours; put large flax-seed poultices to the sore, repeated every three hours.

October 14th. Found her somewhat improved in appearance, swelling considerably reduced, and could bear to have the tumor examined. Applied a paste made of—℞. Chloride zinc, ʒv; flour, ʒi; water q. s. to form paste, to the sore, covered with oil-silk. She suffered it to remain on half an hour without complaining. I then removed it, and put on a stronger preparation—℞. Chloride zinc, ʒi; flour, ʒi; water q. s. to make paste, applied as before. In ten or fifteen minutes she complained of great heat at the bottom of the sore, and compared it to burning needles; this lasted a few minutes, when she fell asleep. I offered to remove it in half an hour, but she refused, and it remained on five hours. On washing it clean with warm soap-suds, I found the entire mass soft and white, easily

broken down with my fingers. Ordered large flax-seed poultices repeated as before, and continued the quinine with small doses of sulphate of morphine.

October 22d. Found her sitting up, with the limb resting on a chair; her general health very much improved. The pain had entirely ceased. I removed the dressings, and lifted the tumor out with my fingers. The bottom of the cavity was uneven, and presented many small cavities, large enough to contain a filbert. Dressed it with simple ointment at night, and slippery elm poultices during the first day. Then the ointment on lint.

Saw her on the 8th of December walking well, the swelling having disappeared. In November, 1853, saw her again in perfect health; no sign of a return of the disease.

Case II.—Mrs. S.——, in Memphis, applied to me with cancer on the upper lip. Made its appearance twelve months before; enveloping the entire lip. Applied the paste made of—℞. Chloride zinc, ʒi; flour, ʒi; water, q. s. make a paste, put on oil-silk, and suffered to remain on four or five hours; then dressed with simple ointment. In four or five days I lifted the entire tumor out, and the sore healed in a very few days. She has enjoyed fine health for eighteen months; no signs of a return of the disease.

Case III.—Mr. J——, of Memphis, cancer on the left side of the nose, three-fourths of an inch in diameter, of two years standing; hard, and dark colored; not much pain. Used—℞. Chloride zinc, ʒii; flour, ʒi; water q. s. to make a paste, applied on adhesive plaster; it remained on six or eight hours. Then removed the entire cancer with forceps, without the slightest pain. Dressed with simple ointment, and the sore soon healed.

Miscellaneous.

Local Application of Copaiba in Cases of Blennorrhagia and Leuchorræn.—Prof. Marchal, of Strasburg, in a note to the *Jour. de Medecine et de Chirurgie*, gives the result of several years' experience in the employment of copaiba, applied topically. At first he injected the liquid copaiba into the urethra of males and females affected with blennorrhagia; his success was various, the remedy sometimes effected a rapid cure, and again failing altogether. To obtain more constant results he determined to make a trial of the copaiba diluted with gum arabic, in proportion of five parts of the former to eight of the latter, and to this add an hundred parts of distilled water. Injections, with this liquid, succeeded perfectly in a female suffering a urethral blennorrhagia, the discharge ceasing in a few days; the results were equally satisfactory in the male.

To avoid the irritation sometimes caused by the syringe, he at first used a catheter through which to make the injections, but subsequently irtroduced a catheter smeared with the emulsion, not penetrating to the bladder, and allowed it to remain, properly secured, thus giving the urethra a copiaba bath. The success of this treatment has been constant, without internal medication; the cure being effected in from five to eight days. In the majority of cases this treatment was not commenced until the acute inflammatory symptoms had yielded to the proper meanes. The success of this treatment led M. Marchal to employ the same remedy in vaginal and uterine blennorrhagia, and also to leucorrhœa, by means of injections thrown into the vagina and uterus; also with tampons smeared with the liquid placed in the former, and with the same invariable good results. Injections thrown into the uterus, in these cases, have been followed by the accidents sometimes supervening upon this practice.

New Operation for Cleft Palate.—At the session of the French Academy, on the 26th February, 1855, M. Jules Cloquet read a memoir on a new procedure in cases of "abnormal divisions of certain organs, and particulary in those of the *velum palati.*" M. Cloquet proposes to render available the well known contractile property of cicatricial tissues, as shown in the various deformities arising from burns and ulcers, by applying to the divided texture a series of cauterizations, commencing at one end of the division, and continuing them througout its course as rapidly as the wounds, there made, heal and contract, thus gradually obliterating the deficiency. M. Cloquet recounts the difficulties and frequent failure of the old operation by suture, and furnishes the details of six cases of *fissured palate* successfully treated by the new methed. The objections to the operation is the slowness of the process—but, on the other hand, there are claimed for it certainty, simplicity, and readiness of application to the very youngest subjects, while the process of cure is accompanied with no restraint upon the patient, and does not interfere with her ordinary occupation. A cauterizing agent, the platium-wire, heated reddish-white by an electic-current, is preferred to the hot iron, as being less likely to alarm the young patient, while it has the advantage of any chemical agent, in being more controllable as to extent of its action. M. Cloquet proposes, in a second paper, to treat of the application of his method to the cure of ruptures of the peritoneum and of the recto-vaginal septum, and of certain varieties of fistula.—*Gazette Medicale.*

Lubrication of Catheters, etc.—The practical Surgeon can afford to regard nothing as insignificant which can exercise the slightest influence on the result of his treatment. Although not a matter which generally claims much attention, we observe that several of our Hospital Surgeons, and those, too, among our best, are very

particular as to the kind of grease which they employ for smearing catheters, etc. A moment's consideration will, indeed convince any one, that the question of preference is one of some importance. To say nothing of pain, etc., to the patient, the difference between a well lubricated uretha, and one which is not so, may not unfrequently decide the success or failure of the attempt to catheterism. The object to be gained by lubrication are several:—1st. Mechanical friction is diminished; 2ndly, the mucous mambrane is shielded and renderd much less sensitive; 3rdly, the mouths of follicles, crypts, etc., are filled; 4thly, the prevention of irritation to the mucous membrane prevents also spasm, a circumstance which, as the vascularity of the urethra is now generally admitted, of the greatest consequence; 5thly, the mucous membrane is rendered (mechanically) supple, and the chance of its laceration or abrasion is very much diminished. Now, in order that these intentions be well fulfilled, it is necessary that the grease used be of a kind likely to be carried with the instrument down the whole tract of the urethra. It must, therefore, possess a certain amount of cohesion, and not be easily rubbed off. The ointment used for this purpose at St. Bartholomew's and several other Hospitals, consists of equal parts of olive oil and fresh lard, at others, castor oil is employed. We are inclined on the whole to give the preference to the latter. When cold, it is very viscid, and adheres well to the catheter, and it loses its viscidity just at the proper time, as it becomes warmed by the instrument and the urethra. It keeps much better than anything containing lard. Olive oil is much too liquid, and should never be used. If the uretha be known to be very irritable, it may be well to adopt a plan to which we observe Mr. Wormald often resorts, of employing two instruments, the first of which is withdrawn just before touching the stricture, being used merely for the purpose of lubricating the canal, and the second again, well greased, is carried onward.—*Med. Times & Gazette.*

Chloroform in Colic.—M. Aran states that repeated experience convinces him of the great value of chloroform given internally, as a curative agent in colic, employing it also externally until the acutness of the pain is somewhat subdued. No absolute dose can be laid down; for, while cases of medium intensity may require but 60 drops per diem, severe ones may require from 100 to 300 drops. A portion is given in water, suspended by mucilage, and about a third of the quantity in one or two lavements. The entire quantity should be given in divided doses, as the effects are soon dissipated. from the second, or more rarely the fourth or fifth day, the colic is relieved, but a less quantity of the chloroform must be continued until stools are re-established, which will usually be the case spontaneously when food is given. In 21 cases, only three required the use of purgatives. Still, in severe cases, the duration of treatment is abridged, and relapse rendered less probable, if the first success

of the chloroform be followed by a dose of castor oil or seidlitz water. In chronic colic, occurring in persons who have often had the disease, and where obstinate consipation is accompanied by moderate pain, chloroform is of no avail, active purging alone succeeding.—*L' Union Medicale.*

On Albumen as a Cholagogue. By Dr. R. Gieseler of Gottingen.—I am anxious to call the attention of the profession, briefly to the employment of the albumen of hen's eggs in certain forms of jaundice.

—Bernard's experiments, showing that this substance is assimilable only through the intervention of the hepatic function, immediately suggested to me the idea that in albumen we might find an adequate excitant of the liver. I inferred, first, that fatty nutriment, and in a higher degree albuminous articles of diet, must be avoided in inflammation of the liver; and secondly, that in torpid conditions of that organ we might possess in albumen a remedy capable of of stimulating it to increased activity. If to the liver be assigned the task of rendering albumen adapted to assimilations, this substance must be a stimulant of it, which will, *mutatis mutandis*, set its functions to work, in the same manner as the administrations of saline medicines does that of the kidneys. It is scarcely necessary to add, that the establishment of these results by experience must secure to albumen not merely the character of an adequate stimulant, but also pre-eminence over all other so-called cholagogues, since the action of the letter is very uncertain.

I think it unnecessary to demonstrate the remarkable efficacy of albumen in this respect by the recital of cases, since it was, as I soon learned, already known to our predecessors. It however appears to me not unimportant to point out the source whence it would appear the recommendation to employ albumen as a remedy in jaundice was originally derived. Charles White, in his work on "The treatment of Pregnant and Puerperal Women," states, that he once suffered for several weeks from jaundice, and was very much reduced. Soap, aloes, iron, and rhubarb, had been taken without the least benefit. A navy officer, happened to visit him, assured him he could cure him in a short time. He told him in fact, that while on a voyage some time before, he was attacked with the same disease, and had in vain used the remedies prescribed by the surgeon of the vessel. A Spanish physician of the island of Minorca then advised him to take every morning, while fasting, two raw eggs, both yolk and White, in a glass of water, and to repeat the dose with one egg every four hours during the day. He followed this advice, and in three days his motions were again colored with bile. White tried the plan suggested, and found the effect attributed to the albumen to be confirmed; in three days the fæces were colored, which they had not been for six weeks before.

He continued the use of the eggs for some months. He subsequently recommended the remedy to several patients, and always with good effect, except in cases in which the jaundice proceeded from the presence of gallstones. So far for the testimony of Mr. White. In the more modern treatise on therapeutics I have not been able to find any allusion to this application of albumen; the present communication cannot, therefore, be considered superfluous. A few of the older works recommend, not white of egg, but the yolk, probably on account of its yellow color. It is indeed possible that the action of the liver may be excited, not by the vitellin of the yolk, but merely by the albumen of the egg, with which Bernard experimented, and which White recommended in jaundice. Should this supposition prove correct, it would explain why the remedy lapsed into oblivion, and would furnish an important proof in our day for the often misunderstood truth, that practical results do not become the property of science or art, until they are referred to correct principles.—*Dublin Quarterly Jour. from Zeitschralt fur Rationelle Medicin*, 1854.

On Cold Abscesses. By M. Jobart.—The "hot" abscess or phlegmon is developed with great rapidity, causes more or less serious functional disturbance, is the occasion and seat of severe pain, and is manifested by coloration of the skin. The "cold" abscess, on the contrary, is developed insidiously, and ordinarily without appreciable cause; it causes no local irritation, and there is no other local sign than tumefaction of the affected part as compared with the sound side. The patient does not complain of pain unless the abscess is placed in the vicinity of a nerve. There is abundant fluctuation, and sometimes on pressure being made there is a peculiar sensation felt like that imparted by grains of rice or crushing snow. In phlegmon the pyogenic membrane is thin and easily destroyed, while in cold abscess, and especially when this is somewhat old, it is very solid, whitish, with a simple alveolar organization. The pus secreted is not matured like that of the pus of phlegmon, but is somewhat vicious and semi-transparent, having white caseous lumps floating in it, and containing the debris of the false membrane which sometimes establish adhesions between the walls of the collection. Contrary to what occurs in phlegmon, these abscesses may long remain in contact with surrounding tissues without inducing changes in them. Seeing the insensible mode in which the pus is secreted, we might almost say that the cold abscess is the result of a sort of local apathy of the region affected. These abscesses are usually found where the lymphatic vessels and glands are in large numbers; and although they are most commonly found superficial, they yet often occur among deep-seated organs. Although it is generally the case that the individual is a scrofulous subject, it is far from being always so; but, at all events, the ab-

scesses only are found in persons enfeebled from this or other causes

All treatment must be directed to the modification of the characters of the pyogenic membrane; and if this be not modified or destroyed throughont its whole extent, we shall see happen what takes place in vulvar abscess when this membrane is not totally destroyed, viz., the reproduction of the abscess after apparent cure. Iodine injections have been much employed with a view of obtaining such modification and inducing the secretion of coagulable lymph, by which the walls of the abscess may become united. M. Jobart finds them succeed only when the abscess is recent and of small extent. In old and large collections the long incisions of Lisfranc are best, taking care to destroy all the membrane and preventing undue hæmorrhage by plugging the wound with amadou. When the skin is thin and diseased, and does not possess sufficient vitality to effect any union with subjacent tissues, a portion must be excised, and the wound healed by granulation.—*Medical Times and Gaz., from Gaz. des Hopitaux.* No 57.

Editorial.

OUR EXCHANGES.

On looking at the pile of exchange journals scattered in disorder (our bump of order is not large) around our table, we are struck with the improved appearance of nearly all. There appears to have been a general spirit of improvement pervading the editorial ranks during the present year, as nearly every one has made its bow to us in a neat new dress, smiling like a young Miss in her "Sunday suit."

If we examine the contents of the journals generally, we find striking evidence of professional advancement. Deep searching investigations into the nature, cause, and treatment of disease seem to mark this period of medical history. We can scarcely open a journal from any quarter of our wide-spread continent, without meeting with some new suggestion, idea, or fact in science, calculated to swell the common stock of medical knowledge, and to increase our facilities for combatting or conquering disease. This is an encouraging evidence of the fact, that the Profession is fairly embarked on the mighty stream of progress that is now sweeping so rapidly onward, carrying on its waves every department of science and art nearer and nearer to the harbor of perfection. It is true

that many things are written which do not give evidence of mature thought or investigation, and some articles are so verbose that their reasons are like the "two grains of wheat hid in two bushels of chaff," but such articles are by no means common. Another class of articles is characterized by startling propositions, extravagant theories, and visionary speculations, or by the relations of cases that have been subjected to heroic or strange modes of treatment, that seem to set at defiance the facts of common sense, or of common observation. The Profession may censure the editorial corps for admitting such articles to their pages, but we think they will be excused under a proper apology, which we are disposed to make, for we know that our own journal is not above criticism.

It is the duty of an editor to scatter wide the thoughts and experience of others, that, if charged with the vitality of truth, they may find a proper soil to take root and germinate in; and he cannot be held strictly responsible for the value or worthlessness of what he transmits to his readers, unless he gives to it his special endorsement.

An editor must not be expected to be so thoroughly acquainted with every department of medical science, as to make him a competent critic in all. He may be a good judge of a medical subject, and be unable to decide very common propositions in surgery, and *vice versa;* and knowing this, he frequently, instead of acting the part of a judge, rather chooses that of the advocate, and presents the case of his contributor to his readers for their approval or condemnation, although it might appear to him erroneous. He believes that every judicious practitioner will submit the propositions of every article published to a severe scrutiny before he adopts them in practice, not taking it for granted, that because it is printed it must be true, for it was discovered many years ago, that,

"Some books are lies from end to end."

And we may add, that,

Many cases, false, are penned.

But, notwithstanding there is much impurity mingled in the great current of our periodical medical literature, it is generally not infectious, and leads to no serious contamination of the whole, for it is thrown in with an honest purpose, but without mature reflection or experience. There is, however, a side current coming from the

most loathsome, marshy, miasmatic districts, that, we are sorry to find, is throwing masses of putrid filth into the main stream. We allude to the reports of cases that never occurred, to long articles describing discoveries that were never made, and to the publication of books that have nothing in them but what is stolen bodily from works of the regular profession, and a few specimens of the foul secretion of distempered brains. They are the productions of a set of men who flourish in Cincinnati—who are not acknowledged by the regular profession—who live in open violation of the code of ethics—who slander, abuse, vilify, and cheat the regular profession in every way they can devise—who are themselves the very dregs of society, and only acquire notoriety by their phlagarisms—their buncomb writings and buncomb reports of cases that they so industriously produce.

Now these productions would cause no very great harm to the regular profession, and very little benefit their authors, if the editors of the regular medical journals would not admit them to their pages, or give them flattering notices or reviews. At home, where their cunning is understood, and their designs fully appreciated, the productions of these men are not offered to the journals, nor are their books sent to them for review, but it is to editors of the east—the learned, the enlightened east—that they are sent, and anon the physicians of Cincinnati are mortified and humiliated at finding printed, in the most highly prized journals they receive, articles which they could not be forced to accept, much less read, if sent to them through any other channel. But the injury and injustice done the regular profession by this practice does not end in simple mortification—the trick is now prepared, and its greatest power for doing evil is to be displayed. These fellows claim that they are persecuted by the regular profession at home with malice and envy, and thus gain some sympathy from the ignorant portion of the community. They readily prove that they are in good fellowship with the regular profession abroad, by drawing from their pockets an eastern or northern journal of well known reputation, and showing that their articles are there printed, and that their books and *charts* are there noticed and eulogised.

We are satisfied that our contemporary journalists are innocently made the agents in this glaring evil to the medical profession, and

these few hints are offered in the spirit of kindness to all, in the hope of abating the growing nuisance. No journalist would knowingly puff the self-inflated reputation of a quack.

☞ The Transactions of the Belmont Medical Society, for 1854-5, is on our table. It is gotten up in good style, and is a fair index of the enthusaism, talent, and enterprize of that association in the pursuit of science. The perusal of the inaugural address of the president, (J. T. Updegraff,) gave us much pleasure. His happy allusion to the death of two members of the society, exhibit a sympathizing heart and a brilliant ideality, as well as a vein of moral sentiment that is highly creditable.

The address of S. B. West on "our profession," is also an excellent production; and the whole volume of 172 pages is replete with interesting matter.

Long may the Belmont Medical Society survive—an ornament, and honor to its members, and useful to the profession at large.

☞ We have had laid on our table some of the proof sheets of a work, which is in process of publication at the house of Moore, Wilstach & Keys, in this city. It is entitled a "*History of Medicine from its origin to the Ninteenth Century.*" By P. V. Renard, M. D., of Paris, 1850. Translated from the French by Prof. C. G. Comgeys of Cincinnati.

It will have about eight hundred 8vo. pages, and if we may judge from the few pages before us, we have no doubt it will be found one of the most interesting books ever published in the west. It is to be ready for sale about the first of November.

☞ The following new publications have been received, from their respective publishers, and are for sale at the houses of H. W. Derby, and Moore, Willstach, & Keys, in this city.

For want of room we must defer a more extended notice of them till our next issue.

Rokitausky's Pathological Anatomy, 4 vols. Mackenzie on the eye.—Dickson's Elements of Medicine.—La Rocke on the Yellow Fever, 2 Vols.—Stokes on the Heart and Aorta.—Cause and preventiou of yellow fever. By E. B. Barton.—Jameson on Epedemic Cholera.—Hoblyn's Medical Dictionary, by Hays, and Carpenter's Human Physiology, by Smith.

☞ We wish to remind our subscribers that two more numbers of the Lancet will make the present volume complete. While we are thankful for the many favors we have received in remittences, we regret that so large a number still withhold their dues. We do not belive that our delinquent subscribers design to embarrass our enterprise, or that there is an inability to pay with many of them, but it is simply *procrastination* that deprives us of our earnings.

Gentlemen, we have increased very much our expenses in improving the journal for your benefit ; we are determined to make still greater improvments in the next volume, and we look to you for the means to support the outlay. We only ask for our pay, and an increased number of subscribers. Arrangements are made for frequent embellishments by *lithographs* and *wood cuts* in the forthcoming numbers, a fair specimen of which will be found in this; and in the next January number will appear a beautiful and faithful likeness of the distinguished Dr. Drake. We are determined to improve the *Western Lancet*, both in matter and in dress, until it is unsurpassed by any journal in the country.

We most earnestly solicit you to send on your dues, and to assist in extending its circulation.

☞ The season is rapidly approaching when the medical colleges commence their annual exercises. It would be well for students to remember that in this city, the regular winter course of lectures will commence on the fifteenth of October; instead of on the first of November as heretofore.

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, and one of the Surgeons of the Commercial Hospital.

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Original Lectures, Essays and Communications.

Homocidal Insanity.—The Case of Nancy Farrer. By J. J. QUINN, M. D.

Insanity is often set up as a defense in trials for homocide, and not without cosiderable success. Public sentiment appears shocked at the execution of a criminal, however just it may regard the sentence which decreed it. There seems to be a natural repugnance to convict a fellow being of murder in the first degree, when death to the culprit must be the consequence. Hence, a jury impressed with the awful responsibility of its position, eagerly seizes upon every circumstance in the progress of the investigation, that looks towards the innocence, or tends to throw a doubt upon the guilt of the accused; and the plea of insanity is sometimes found successful in establishing irresponsibility, when all other argument and evidence fail to prove innocence.

This kind of defense, while it has not always rescued the really insane from the extreme penalty of criminal law, has, no doubt, sometimes favored the escape of the guilty. The case of Mrs. Howard, tried a few years ago in the courts of this county, for the murder of a paramour of a faithless husband, is, perhaps, an example of this kind. The deed was premeditated and deliberately executed, but under circumstances of the most aggravated character. On her trial, in-

sanity was made her principal, and, I think, only defense, and upon that ground she was acquitted, and sent to the Ohio Lunatic Asylum. During her sojourn in that institution, she exhibited no evidence of insanity, and she was finally discharged as a sane woman. Probably the only insane act of her life, was the perpetration of the murder to gratify an injured love and a revengeful heart. In other cases the same defense has been less successful, though in some, it would seem to have retarded, if not defeated the course of justice. In the trial of a son, accused of an attempt to poison his parents and other members of the family, and indicted for the murder of one of the victims, the jury divided upon the subject of his insanity, and hence disagreed upon a verdict as to his guilt or innocence. In a subsequent examination, however, the prisoner was found guilty of the murder and sentenced to be executed. The execution of the sentence has been stayed by a writ of error, and the accused is still in prison awaiting the decision of the Supreme Court.

Perhaps one of the most important trials for homocide, in which insanity was set up as a defense, that has taken place in the courts of Hamilton county, was the trial of Nancy Farrer. This case is remarkable, not only from the enormity of the acts with which the prisoner was charged, but also from the different opinions of medical and other witnesses; the conflicting verdicts of different juries, returned upon the same testimony; and the varied opinions of the different judges, before whom the case in some form, came up. By one court and jury the evidence was considered sufficient to regard the prisoner as a sane, and therefore, responsible person. By another legal tribunal the same testimony was regarded as conclusive of her insanity and irresponsibility. Which tribunal gave the true decision? The circumstances of the murders of which she was accused, and the history of her previous life, habits and character, can, perhaps, best answer.

In July, 1851, Nancy Farrer went to live with a Mrs.

Green to take care of her in her accouchment. A few days after the delivery of his wife, Mr. Green left home, Nancy remaining in charge as nurse. The patient kept some money (two or three hundred dollars,) under her pillow, from which she occasionally took change for the nurse to purchase medicine. The money and the place of its concealment came to the knowledge of Nancy. It appears that she and a Mrs. Bazley, an occupant of another part of the house in which Mrs. Green resided, entered into an agreement or conspiracy to obtain this money. A conversation between the two was accidently overheard, which showed this agreement. Mrs. Green recovered favorably from her confinement, and continued well until the 6th of August, one month after the birth of her child. She was then taken suddenly ill with symptoms of poisoning by arsenic. As some of these symptoms resembled those of cholera, and as that disease had not entirely disappeared from Cincinnati, foul means were not suspected. On the occurrence of vomitting Nancy was dispatched for the family physician. The summons, however, was not known to him, until the next day, when he was again sent for. The first violent symptoms partially subsided, but the vomiting, burning in the throat, &c., again returned —again subsided and again returned, until the 10th of September, when the medical attendant, leaving for the East, placed his patient in charge of a medical brother. The same occasional subsidence and renewal of the symptoms continued during the attendance of the second physician, until the 3rd of October—nearly two months after the first seizure, when the patient died. Mrs. Green's child died three weeks before the mother. The symptoms were the same in both, and the child was supposed to have been affected through the nourishment of the mother. Nine days prior to the death of Mrs. Green, a consultation was held with another physician, but there is no evidence, except a subsequent intimation from Nancy, that either he or the other attendants suspected the administration of arsenic.

During the illness of Mrs. Green, she was visited by a lady friend. While there, the visitor partook of some ice water, contained in a pitcher from which the patient was supplied with drink, went home, and was soon after seized with symptoms of poisoning. The pitcher was not placed beside the sick woman, but was kept upon a cupboard in the room, and some of its contents given frequently to the patient. While this lady was in the room with Mrs. Green, Nancy entered and informed her that she had been sent for to go home, as there was company waiting for her. This was not true; and when upbraided, the next day for the falsehood, Nancy excused herself by saying that it was another person of the same name who had been sent for.

In a conversation partially overheard between Nancy and Mrs. Bazley, just before the death occurred, the former remarked that the "doctors said they did not know what ailed her" (Mrs. Green.) Mrs. Bazley replied, "Nancy, I think you know her disease better than any body else," and Nancy answered, "I think I do."

After the decease of Mrs. Green, a friend who took charge of her effects, thought some articles were missing. That a certain quilt was gone he felt confident. He returned and enquired of Mrs. Bazley for the quilt. She denied any knowledge of it, and said it must be at the washerwoman's. She directed Nancy to go and enquire for it, taking the person into an adjoining room to await her return. As soon as the parties entered the other room, Nancy, instead of proceeding to the washerwoman's, went to a bed in the room which they had left, abstracted the missing property from under it, placed it under her arm, went into the street, returned into the house, entered by a different door the room in wnich her accomplice and the friend of the deceased awaited her, and delivered up the property. In her circuitous route with the quilt, a small child of Mrs. Bazley's attempted to follow her, threatening "to tell." Nancy rebuked her, stamped her foot at her, and told her to go down stairs.

It was in evidence that Nancy knew the value of money, as she had received and appropriated it to her individual uses. Previous to the time she came to take care of Mrs. Green, a lady with whom she lived, (Mrs. Isherwood,) had missed some property, and accused her of stealing a dollar. With this single exception her character had been that of an honest, upright girl. There seems to have been nothing gained by the death of Mrs. Green. The money was removed after the suspicious conversation was overheard, and the quilt, the only article positively missed, was restored.

About the 27th of October, or some three weeks after the death of Mrs. Green, we find Nancy in the character of servant, at the house of Mr. Elisha Forest—a short distance from the scene of the above occurrences. Mr. Forest's wife was laboring under phthisis pulmonalis, and though not constantly confined to her bed, her death had been expected for some time. On the very evening of the day on which Nancy first went to live with her, Mrs. Forest was seized with symptoms of poisoning. Nancy had prepared a supper for her, which consisted in part of fried potatoes. No sooner had she partaken of the potatoes, than she complained of their containing so much pepper, or some other hot substance that they burned her throat. The irritation of the throat was immediately followed with vomiting and other symptoms resembling the poisonous effects of arsenic, which continued one week, when she died.

The day after this fatal supper had been prepared, Mrs. Forest was visited by a girl who had previously lived with her. During this visit, the girl drank some water, and became so sick afterwards that she remained all night. Nancy enquired of this girl whether Mrs. Forest was not "a cross woman." On being answered in the negative, she said she had insulted her more than she had ever been insulted before; that "she had made her scrub the floor over because it was not clean enough, and stood in the door and watched her." Nancy also added "she had a notion of speaking back about it, but thought she would fix her for it."

While Mrs. Forest was sick, Nancy asked a neighboring lady who was visiting the patient, what she thought of her. The lady replied she "hardly knew"—that she (Mrs. Forest) was very sick. Upon this Nancy remarked, that she had been taken "with vomiting and heaving just like Mrs. Green."

Another lady remarked to her during Mrs. Forest's illness, that it was singular she should be taken worse after having been so much better in the afternoon. Nancy said "it was just the same way with Mrs. Green; that she (Mrs. Forest,) took to heaving just like Mrs. Green, and she did not think she would live."

The night following Mrs. Forest's death, some of the neighbors sat up, and were told by Mr. Forest to get what they wanted to eat in the kitchen. At the request of one of the party, a lady went into the kitchen to prepare something. She increased the fire, took the tea kettle—containing water not yet cold—from one part of the stove, and placed it upon another, to boil. At this moment, Nancy entered and snatched the kettle off the stove, saying "you devil you, I have a notion to kill you." She placed the kettle with the warm water behind the stove, put the coffee boiler in its place, and poured cold water into it out of the bucket. To a remark of the lady that she would not "kill" her, Nancy made no reply.

On the 20th of November, two and a half weeks after the death of Mrs. Forest, her youngest child—John Edward Forest—aged two years and eight months, was taken sick and died the next day.

While this child was "laid out," Nancy remarked to the same girl to whom she had spoken of Mrs. Forest's "crossness," and who was assisting to make the shroud, "how lucky she was with sick folks.—They all died in her hands." The girl said "May be you killed them," and Nancy rejoined, "May be I did." Both girls conversed in a careless and smiling way, and the remarks of Nancy excited no particular atten-

tion at the time. Previous to this conversation, James, an elder child, wanted the visitor to take some molasses syrup, which Nancy had made for the children. Nancy interposed, telling her not to taste it, that it would make her sick. She tasted a little of it, however, to satisfy the child, but experienced no bad symptoms from it.

Two or three days after the death of the child, a gentleman remarked to her that she had "very good luck" in losing people on whom she waited. She said yes,—that she had lost six persons. On enumeration, however, the number proved to be only five—the four referred to above, and the child of another person. To a question as to what had been the matter with Mrs. Forest and her child, she replied that the doctor had stated, but she had forgotten. She added, "in a week or two Jimmy will die." Being interrogated what was the matter with him, she said she did not know, "only he would not eat." Jimmy was the child who had wanted the former servant girl to taste the molasses syrup, and with the murder of whom she was subsequently charged. He was at this time in his usual health, running about and playing with other children. During this conversation, there was no excitement or emotion observed in her conduct. Her manner was that of relating an ordinary fact.

On the 27th of November, (a few days after this,) a lady who had been acquainted with Nancy four or five years, remarked to her that she was unfortunate in living where so many died. She said "Yes, five have died where I lived." She named Mrs. Green and her baby, Mrs. Forest and Johnny, and stated that Mrs. Isherwood's baby had died a day or two after she left. Mrs. Isherwood was the lady who had accused Nancy of stealing a dollar. To a query as to what had been their complaint, she said that "Mrs. Forest was consumptive and she expected the children were like her." She said "Jimmy will go next, and Billy and the old man, and I expect they will all go of one complaint." Billy was the eldest son of Mr. Forest. At this conversation she ex-

hibited no unusual emotion, and said she did not feel alarmed about the deaths—that she "did not think any thing of them."

On the morning of the first of December, eleven days after the death of Johnny, Nancy was seen going in the direction of a drug store, at which it was subsequently ascertained she had purchased arsenic. When asked where she was going, she said "to buy muslin." A short time after this (the same morning) she was in company with James Wesley Forest, a child aged eight years and four months. A neighboring lady, noticing that the child appeared to be laboring under catarrh, advised her to give him some onion syrup, furnished her with a few onions, and directed her how to prepare and administer the syrup. In less than an hour Nancy returned to the lady's house and informed her that Jimmy was very sick,—"taken with a vomiting and heaving just the same as little Johnny was." The lady went to Mr. Forest's, saw the child, and asked what could have made him so sick? Nancy and the child both replied that "it was the onion syrup—that he had not taken any thing else." The lady remarked that "they (the mother and children) are all dying of the same disease," to which Nancy made no reply. To another lady who visited the child during his illness, she appeared confused when asked what he had eaten to make him so sick, and answered "toast and coffee." With the exception of this confusion, which was noticed by one witness only, there was still no change observable in her conduct or demeanor.

When James was taken sick Nancy proceded, after informing the lady from whom she had obtained the onions, to the work of Mr. Forest, and notified him of his child's sickness. She also mentioned it to several others on the same day. To one she said "he was just taken like little Johnny, and she did not think he would live." And to an inquiry as to what she was sewing at the time, she answered that she was making a pair of drawers for him, as she thought he would need them.

The child was taken sick on Monday. That night the fa-

ther sat up with him until 4 o'clock A. M. of Tuesday, when he left him in charge of Nancy. It appeared that he was better through the first part of the night, while his father remained with him, but under Nancy's attendance the symptoms increased towards morning. On Tuesday evening at 9 o'clock, the patient seemed so improved that the attending physician thought he would speedily recover from the attack. That night Mr. Forest again sat up with his child, until 3 A. M. of Wednesday. Having felt unwell himself through the night, he then retired, leaving James, as on the previous morning, in charge of Nancy. Under her care the improvement ceased. Day-light found the symptoms returned in an aggravated form. The little sufferer sank rapidly, and died shortly after 2 P. M. in convulsions—two days and four hours after the first symptoms occurred.

After James became sick, two neices of Mr. Forest called to see him. The younger one took a draught of the water which was intended for the patient, and was seized with vomiting in half an hour. The other drank water not intended for the sick child, and experienced no bad effects.

On Tuesday, the day before the death of the child, Nancy went to the woman from whom she had procured the onions, and requested her to wash a shirt for Jimmy, as she "did not think he would live, and they would want it to lay him out in." On the same day, Mr. Forest remarked that if the physician could not discover the disease under which James was laboring, he would have a post mortem examination made in case of his decease. Nancy heard the remark but said nothing. That evening, fifteen or twenty minutes after they had eaten supper, Mr. Forest and his eldest son, a boy 11 years of age, was seized with symptoms similar to those of which his wife and youngest child had died, and under which a third member of his family was then laboring. Nancy had until this time invariably taken her meals with the family. This evening, however, she did not sit down to the table with Mr. Forest and his son. She sat down to her supper after they

had finished; and although she had always been in the habit of eating potatoes if any had been prepared, she on this occasion avoided some that had been fried and placed before Mr. Forest and his child. The boy thought the fried potatoes had a "sweet taste" and partook of them freely. Nancy, however, passed them by, and after she had finished her supper, gathered them up with the crumbs and threw them into the yard. The boy remained sick until about midnight, and Mr. Forest continued to vomit until 3 A. M. of Wednesday, when he lay down.

Before James died, Nancy asked what physicians were to be sent for "to hold a council over him?" She was told that Mrs. Green's regular attendants had been sent for. She said, "it was no use to send for them. They did not know what ailed Mrs. Green, and could not tell what ailed Jimmy. If they would send for Dr. J. he could tell right away. He knew right away what ailed Mrs. Green." Dr. J. was the physician who was called in consultation before Mrs. Green's death, but there was no proof in the trial what he had stated to be the cause of her suffering. The doctor's own testimony was, that he found her greatly prostrated with inflammation of the stomach, and found many of the symptoms usually produced by arsenic; but there was no evidence that he suspected poisoning at the time of his visit.

Up to the death of James, Mr. Forest seems not to have had the least suspicion of the true cause of the visitation, that had fallen upon his family. He saw his wife and two youngest children sicken and die of a disease, which the family physician could not name or account for. He found his only surviving son and himself seized with symptoms which ushered in the last illness of his wife and children. And yet he suspected no murder! He thought the events strange, mysterious; wondered that the physician could not discover the cause; determined to have a post mortem examination to penetrate the mystery; spoke of his intentions in presence of Nancy, but the idea of poison had never crossed his mind.

A post mortem examination of the body of James was made, and revealed the presence of arsenic in the stomach. The bodies of John Edward Forest, Mrs. Forest and Mrs. Green were exhumed, and chemical analysis also detected arsenic in each of their cases. The symptoms in all the victims corresponded, in every particular, to those produced by arsenic; and the post mortems proved beyond doubt, that all the persons named died from the effects of that poisonous drug. It was proven that Nancy purchased arsenic, during the period that death and destruction was following in her path, on at least five or six different occasions, and at three different drug stores, no two of the stores being less than half a mile distant from each other. When purchasing the arsenic, she stated it was for the purpose of killing rats. No person prepared Mrs. Green's drinks but Nancy and Mrs. Bazley; and none attended to the cooking and housekeeping of Mr. Forest's family, but Nancy alone.

The discovery of the cause of death led to the belief that the first dose of poison given to Mrs. Green was a large one, but the patient partially recovering from its effects, subsequent doses were administered more guardedly in small quantities, frequently repeated. Circumstances favored the opinion that the ice water which had been directed by the physicians, was impregnated with arsenic, and given frequently to the patient, thus keeping up a slow but constant irritation and inflammation, until death relieved the sufferer from her agony. In the cases of Mrs. Forest and her children, less caution or less knowledge in the administration of the poison seems to have been displayed. Either the weakness of the already enfeebled mother, and the age of the children were not taken into consideration, or the deadly drug was given with a bolder and more daring hand.

At the post mortem examination of James, Nancy stood by watching the examination with great interest. She heard the physician state the child had died from arsenic, and ask the father whether he had any about the house to destroy

rats, without betraying any unusual emotion. When the suspicion of arsenic, however, was fully aroused, her manner became somewhat excited, and she was observed, when two persons would converse together, to draw close to them and listen to their remarks. After the examination, Mr. Forest remarked to her that it was hard to think the children had all been poisoned, and that she "would have to bear the blame." She answered, "I did not do it." He then told her she had heard the doctor say the child had taken arsenic, and she answered, "I do not know what arsenic is."

That night she was found by Mr. Forest sitting by the fire in the room with the corpse, in an apparent study. She had a string, which she wrapt upon her fingers, then unwrapt it, put it in her mouth, broke it, and again wrapped it upon her fingers. This she continued to do for some time, there being several persons present in the room. The next night a label of a drug store, at which she had some three weeks previously purchased arsenic, was found upon the steps leading to her room. She steadily denied any participation in the deaths of the victims, and made no effort to escape before her arrest. When arrested, she began to confess all, but was advised to keep her secrets to herself and acknowledge nothing.

Nancy was indicted for the murder of James Wesley Forest, the last of the victims, brought to trial before the Court of Common Pleas for Hamilton County, on the 18th February, 1852, where the above facts were given in testimony. The examination and arguments occupied nine days, and the jury having deliberated sixty-three hours, returned a verdict of "guilty." A motion for a new trial was overruled, and the prisoner sentenced to be executed on the 25th day of June, 1852. The case was taken up on error to the Supreme Court of Ohio, the verdict set aside, and a new trial granted.

The prisoner remained in the County Jail until the 7th of December, 1854, when she was brought before the Probate Court (Judge J. B. Warren) and a jury of twelve men, under

an inquest of lunacy. R. B. Hays, Esq., appeared as Counsel for the prisoner, and A. J. Pruden, Esq., for the State.

The poisoning of Mrs. Green by Nancy and Mrs. Bazley, and that of the Forest family by Nancy alone, were admitted, and some of the circumstances claimed as evidence of her insanity. In addition to these clrcumstances, her parentage, education, personal appearance, general character, together with the opinions of medical and non-medical witnesses, were adduced.

The circumstances attending the poisoning, which favor her insanity, have of course been noticed. Her history will require further comment.

Nancy Farrer was born in Fannington, Lancashire, England, in July, 1832. About the 10th year of her age, her father, with another child, a son younger than Nancy, emigrated to America. She and her mother followed two years later. Her mother had been a Mormon for six or seven years previous to leaving England. Nancy is said also to have given in her adherence to Mormonism before she left her native land. Her father joined the same faith after his arrival in Cincinnati. The family appears to have subsequently resided in Nauvoo two years, no doubt observing the practices and ceremonies of the religion which they had adopted.

The mother of Nancy was proven a religious monomaniac. She conceived herself a prophetess, imagined that she was the wife of our Savior, and the mother of all the living; claimed that she saw every event transpiring in the world, and indulged in the wildest visions and most extravagant hallucinations upon religious subjects. Mrs. Farrer was, perhaps, a monomaniac previous to the time she became a Mormon; but whether she had any hereditary predisposition to insanity, or whether monomania manifested itself before the birth of Nancy, is not known. That she is now insane, however, is beyond all doubt. Mr. Farrer was a shoemaker, and possessed the ordinary intelligence for one in his sphere of life, but, probably from the whims and vaguries of his

wife, contracted habits of intemperance, and finally died from the effects of drunkenness, in the Commercial Hospital of Cincinnati, in 1847. Previous to his death, he had once threatened self-destruction, by running into the Ohio river; and upon another occasion, actually attempted suicide by cutting his throat. He was thought to be laboring under delirium tremens at these times, having had several attacks of mania a potu before his death.

So much for Nancy's parentage. From the character of her parents, her moral culture can be readily imagined. From a monomaniac mother, under whose exclusive guardianship she was left, during the two years intervening between her father's emigration from England and that of her own, she could not reasonably be expected to derive any extraordinary amount of moral education. Nor could the example of a drunken father, after she came again under his care, add much to what she might have received from maternal teachings and precepts. Perhaps she received more moral instruction during her residence among the Mormons of Nauvoo, than from either of her parents. If Mormonism teaches that it is contrary to the laws of God to steal or take human life, she must have reached a degree of moral elevation that would have enabled her to understand the nature and enormity of the crime with which she was charged, unless her intellectual organization disqualified her for a full and proper appreciation of the responsibility of the act.

Of Nancy's literary acquirements, we know nothing, except that she went to school and learned to read. She seemed to derive pleasure from her hymn book, and satisfaction and enjoyment from the perusal of newspapers and other light literature. It appears from the receipt of the copy of the indictment served upon her, that she cannot write, as she made her mark to it instead of attaching her signature.

In person she is very unprepossessing. Her forehead is norrow, but not remarkably low, although the hair extends downwards over it. The nose is flat, with a slight indentation or fissure running up its center. The lips are rather thick, and the mouth, when not engaged in conversation or otherwise employed, is half open. The face is square, and the eyes widely separated, measuring two and three-eighths inches between the inner canthes. Her body and limbs appear to be well formed. Her head seems to be proportionate to the size of the body, and with the exception of a slightly narrow forehead, presents, to my mind, no particular malformation. A distinguished physician of Philadelphia however, a man of sound medical judgment, of enlarged experience, and of unquestionable abilities—thinks there is a "marked deficiency of the anterior portion" of the brain, that, "from the extraordinary position of the eyes, the space allowed to this part of the brain is greatly encroached upon." "In this case," he says again, "I do not find much development of the propensity to destroy." Now, the history of the poisoning, aside from phrenology, would seem to justify the opinion that she possessed the "propensity to destroy" in an eminent degree, whether that propensity was developed or not. Another

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witness testifying from a physiological and phrenological examination, thought that she was a woman of "strong motives to act." If she had strong motives to the commission of these murders, the State failed to prove them. Indeed, the absence of any adequate motive, was one argument relied upon by her counsel to establish her insanity. This witness also thought she had no "cunning," and very "little power to conceal." He made a difference however between cunning and "diplomacy," and between concealing and "withholding information." The inference was that diplomacy guided her in the purchase and administration of the arsenic, and the faculty of "withholding information," enabled her not only to conceal her own agency but also that of Mrs. Bazley. The latter was indicted jointly with Nancy for the murder of Mrs. Green, but was acquitted upon trial because Nancy refused, under oath as a witness, to answer any questions or furnish any testimony that would criminate her. She stated subsequently, that she had been instructed by Mrs. Bazley not to implicate her, as it would only expose Nancy's own participation in the matter. She regretted, however, that she had by her silence and evasions, exculpated Mrs. Bazley, as she (Mrs. Bazley) had promised to visit her (Nancy) at the jail, when she would be acquitted, which promise she failed to perform.

In my opinion the deformity of Nancy is in her face, and here it exists in a very remarkable degree. Besides the formation of the features, the eye is unsteady, the look stupid, the whole expression dull, insipid, and almost void. There is a peculiar twitching of the muscles of the mouth and cheeks in conversation; and her laughter is accompanied or followed by grimaces. As the most faithful description of an individual will not enable a stranger to recognize him with infallible certainty, so any written description of Nancy will convey but an imperfect idea of her physiognomy. The association of the singulrr expression of countenance, with the peculiar formation of features, forms a picture which can

be accurately impressed upon the mind only by observation. The picture is repugnant but not revolting—very remarkable in its characteristics, and yet exceedingly difficult of correct description. Either a feeble or an exaggerated outline could readily be drawn; but for a just appreciation it must be seen and studied. When first seen it presents the appearance of a low degree of imbecility, if not actual idiocy. And this impression is rather strengthened by the timidity and confusion with which she meets your first approach. And though it may be weakened by a lengthy conversation, it still returns with more or less force, at the beginning of a subsequent interview. In all her interviews, except with intimate acquaintances, she exhibits an embarrassment, not dissimilar to that manifested by children in the presence of strangers, or by timid persons generally, in the presence of those superior to them in social position.

During the trial upon her insanity, Nancy maintained a silly expression of countenance, the utmost composure, and apparently the most perfect indifference to the proceedings. She sat playing with her fingers or biting her nails during the whole progress of the case, her attention being directed from the jury, the testimony, or the attorneys, on the least noise in any part of the court room. And yet she noticed particularly all that was transpiring, and could subsequently converse with witnesses upon their statements; ask them for explanations of portions of their testimony; and point out what she considered the inaccuracies of the evidence.

To her disfigurement she was entirely reconciled, any allusion to it never annoying her. In dress she was said to be rather slovenly. She sought the company of children, to whom she was very kind, and seldom associated with persons of her own age. Her conversational powers were limited. She answered interrogations directly bnt in short sentences, asked few questions, and seldom commenced a conversation. Such was the testimony upon the trial; but I have since found that it is true only in regard to strangers. On acquaintance,

she commences and carries on conversations freely and with little, if any embarrassment. Nor is she less inquisitive than most persons in her sphere of life. And whatever may have been her former habits, she is not now slovenly either in dress or in the performance of domestic duties. In fact, it was in evidence that she performed house-hold duties with great care, cleanliness and precision. She was susceptible of emotions and easily influenced by others, becoming gay and lively, or serious and grave, according to the feelings manifested by the person engaged with her in conversation.

Her general character had always been that of a mild, kind and affectionate girl—a careful, obedient and faithful servant. During the poisoning of these five persons, a period of four months, her deportment furnished no grounds of suspicion; her disposition seemed to undergo no change; her manner excited attention only for its apparent fondness for those around her. To Mrs. Green she was apparently kind throughout. So attentive was she to this unsuspecting victim of a demoniacal conspiracy, that she won and retained her confidence to the last, and the sufferer finally expired in the arms, apparently in the affectionate embrace, of the insane or the malicious destroyer. To Mrs. Forest she betrayed no malice, except a slight angry excitement for having to do a part of her house-work over. Her conduct, other than this, was in accordance with her general character. During the sickness of the children, according to their father's testimony, "no mother could have shown more kindness (to them) than she did." Indeed, so very affectionate was she, that her attentions were frequently spoken of by the neighbors. For the death of Johnny she appeared very sorry; and on one occasion while indulging her sorrow, a neighbor told her not to grieve, that she had done her duty towards the child. To this Mr. Forrest gave his assent saying, "yes, she has done her duty." While James was ill she waited upon him with the greatest real or affected care and solicitude. She appeared,

however, more excited when he died than when the others expired.

Of the non-medical witnesses whose testimony favored her insanity, one thought that she was of "a soft turn, and could easily be persuaded in any kind of way;" another did not "regard her as sensible as other girls;" another "always thought there was something lacking about her, she seemed so silly, soft;" another "never thought her quite sensible," that she had "a small touch of her mother's complaint;" another "never thought she was right" and had "heard her spoken of years back as a simple girl;" and another believed her "simple," and "used to ask her mother if she was wise." Besides the six witnesses referred to above, the jailor, who had charge of her for two years, considered her of "a weak and imbecile mind," but believed that she "knew it was wrong to take human life." The Judge of the Criminal Court of Hamilton County regarded her as "weak minded, but not exactly an imbecile," and "thought she was not such a responsible being as to be a proper subject for punishment." Her attorney, from his frequent interviews with her since the poisoning, was fully convinced of her imbecility. He found her easily impressible by a superior will, and unable at any time to give an accurate history of herself, or furnish him with any information that would be of the least service to her on trial.

Of six medical witnesses whose testimony favored her insanity, three were reputable members of the regular profession, two were Eclectics, and one a regularly educated physician, who has written a work in connection with an Eclectic. The last, and one of the Eclectic physicians testified from physiological and prenological examinations. And each of these witnesses gave his evidence upon a single interview and conversation with the prisoner. Of the three regular physicians, one would not regard her "as low in the scale of imbecility if she escaped observation;" another thought "she was of a low grade of intellect," and that an "insane impulse"

led her to the commission of the murders; the third believed "she would not pass muster with half the inmates of lunatic asylums in France and England." The two Eclectics regarded her as an imbecile; and the other physician thought she was "partially both imbecile and idiotic," though he could only tell her impulses, disposition, &c., by the head, and not her insanity.

Eight non-medical witnesses who had been neighbors of Nancy, and who were acquainted with her before and during the period of the poisoning, did not believe her insane. Two of these had never entertained a doubt of her sanity; a third testified that she had never been treated as an imbecile by the neighbors; a fourth "always thought she had sense enough;" a fifth "noticed nothing weak minded;" a sixth said she "appeared to have right sense;" a seventh did not think her insane, though her personal appearance was against her; the eighth first thought she was not of sound mind, but after becoming acquainted with her, this impression was en-entirely removed. Besides these, the present jailor who had been acquainted with her for two years, and had charge of her for two months, first thought her idiotic, but this opinion entirely changed on acquaintance with her. He testified that she "appeared as sensible as any person in the jail, and had a full knowledge of the responsibility of committing murder."

Six regular physicians testified in substance, that upon first sight their impression was that she was an imbecile or idiot, but that this impression had been removed on subsequent conversation and acquaintance. One thought her sane; another had heard nothing in the testimony "that would lead him to think her insane;" another did not think her intellect lower than most persons in her station; another found that she possessed more intellect than at first appeared; another first believed her idiotic, but subsequent observation satisfied him that she was not; another regarded her from appearance as an imbecile, but was convinced afterwards upon acquain-

tance, that though her intellect was of low grade, it would not come under that of imbecility—that she had a full consciousness of right and wrong. Three of these physicians had been connected with the treatment of one or more of the victims; one had made the post mortem examinations, and had several conversations with the prisoner; one had visited her on two occasions, with the particular view of ascertaining her mental condition; one had her under his daily observation for more than a year; and all had infinitely better opportunities for ascertaining her intellectual development and mental soundness, than the physicians who testified in favor of her insanity.

The jury deliberated eighteen hours, and returned a verdict finding "Nancy Farrer to be of unsound mind."

There is one remarkable fact in the testimony relating to her sanity or insanity. The first impression was the same in most of the witnesses. Almost without exception every witness had formed an opinion on the first interview with Nancy, that she was an imbecile or an idiot. But most of the witnesses who subsequently cultivated an acquaintance, or continued their interviews with her, had been forced to change this opinion.

To the medical jurist, this case certainly presents some points of interest. If Nancy Farrer is of "unsound mind," to what class of mental unsoundness does she belong? Is she an idiot, an imbecile, a monomaniac, or a maniac? Was she laboring under moral insanity as described in the books, or was she the subject of homocidal monomania? If she is unquestionably and incurably insane, the verdict is not only just, but also affords protection to society, as her future home must then be a Lunatic Asylum. But if she is not insane, the community has much at stake. A verdict of insanity does not necessarily imply imprisonment for life. Under our laws, she may at any time be discharged upon the certificate of the attending physician that she has recovered the use of her reason, or that it is no longer necessary to confine her.

And even without such certificate she may be set at liberty under a writ of habæas corpus, unless it be proven that she is still of unsound mind, at the time of the application. Under the verdict, then, she may yet be released from the imprisonment of an asylum, and reinstated as a member of society. If her acts were the result of insanity, no injurious effects would probably follow this—as in that case she would have recovered. But if they were not insane acts, the lives of innocent individuals might again be jeopardized. Society, then, has a deep interest in the justice or injustice of the verdict.

There is certainly much in favor of her insanity. Her parentage, her personal appearance, her low degree of intellect, her education, her moral culture, her naturally amiable disposition, her previous good character, and some of the circumstances attending the poisoning, all tend, in some measure, to point to a mind so low in the scale of intelligence as to approximate to, if not to actually establish irresponsibility. But on the other hand there is a shrewedness and cunning in the execution of her designs, and the concealment of her agency, that are difficult to reconcile with an insane, and particularly with an imbecile mind.

Although there was a motive for the murder of Mrs. Green, there was none shown for that of the others. Yet is possible that a motive, even stronger than the other, might have existed, although it has not come to light. In cases of homocide from insanity, there is generally a motive, though often a weak and sometimes even an imaginary one.

Her uniform kindness and attention to the victims would appear to contradict the idea of malice. Yet such conduct would not be inconsistent with a sane mind. Might not a person of sound mind, who, from some secret motive, had deliberately planned a series of murders upon persons, against whom he had no individual ill will, continue, if not increase the appearance of kindness to escape suspicion? On the other hand do not the insane, susceptible of emotions as Nancy was, generally manifest a degree of hatred proportionate to

the violence of the assault, however much they may have previously loved the victim? Do they, while perpetrating murder, exhibit their previous friendship, or does that friendship assume the form of enmity? If they enter upon the horrid crime of murder in such a manner, as to require considerable time to elapse between the beginning and end of the tragedy, would they not exhibit some variation from their usual kindness, unless they had sufficient consciousness to continue it for the purpose of concealment? Nancy's kindness was so remarkable as to attract the attention of the neighbors. This might happen in the case of a sane but wicked mind, whosede pravity might lead one to the murder, of harmeless and innocent little children.

Her frequent conversations and her prediction of the death of others, would not be indicitive of strong intellect. Very little reason would have revealed the folly and danger of such a course. And yet, how fewt here are who can conceal within their own bosoms so great a secret? It would almost seem to be a decree of Heaven that the horrid crime of murder should be exposed, and often by the very means resorted to for its concealment. Some of the shrewdest and most intelligent assassins, whose awful secret was confined to their own breasts and to their God, have not been able to conceal their guilt from human tribunals, and have been the unconscious instrument of their own exposure and condemnation. Blood, as pictured in Scottish tragedy by the great dramatic bard, will haunt the murderer, and even in the dead stillness of midnight, when nature is in repose, trumpet to the world by the very lips of the sleeping assassin the charge of guilt. It will be recollected that before the first of these conversations was held, one innocent woman had received her death at Nancy's hands, and another had partaken of a dose of the fatal drug. In this first conversation she did not positively threaten; she "*thought* she would fix her," but concealed the fact that she had already entered upon the execution of her fearful design. To throw out absolute threats might betray her, but to conceal

the nature of the act already commenced, and simply drop an unguarded word upon the subject most prominent in her mind, was no more than often happens with the most hardened criminals and the strongest minds. In two other conversations which occurred before Mrs. Forest's death, she compared the sickness of the patient to that of Mrs. Green. There was no insanity in this. Mrs. Green had survived the first dose of arsenic two months, had received the attendance of two physicians and the consulting advice of a third, and had gone to her grave without the least suspicion of Nancy's agency in her death. Could she now impress the friends of Mrs. Forest with the belief that her disease was the same as that of Mrs. Green, she might await the result without any uneasiness of her own safety. Before her next conversation Mrs. Forest and her youngest child were added to the list of her victims. While making the shroud for the latter, she and the former servant girl had the first conversation about the deaths. She might, not unreasonably, now think herself secure. At least three persons had died through her instrumentality, and so far as she knew, no suspicion of her guilt was harbored in the mind of any one.

It is certainly difficult to reconcile the subsequent conversations, in which she predicted the death of the remaining members of the Forest family, with sound intellect. They were not commenced by her, and the allusion to the deaths of those whom she had nursed, by others, might well have induced her to ponder upon her danger and halt in her career of destruction, had she possessed the most ordinary degree of intelligence. But it did not. She had formed a dreadful plot; a part had been executed, but still a portion remained unfinished. And with a blindness no less common among persons steeped in crime and hardened in vice, than among monomaniacs bent upon a certain object, she determined to complete her work. In one of these conversations she predicted the death of James only, without giving any reasons; in the other, she not only predicted the death of the whole family, but stated the

order in which they would die, and named consumption as the disease which would carry them to their graves. To attribute the predicted death of the children to a hereditary disease, by one who would overlook the manner in which phthisis terminates life, might not be inconsistent with sanity. That a person should even think this disease could be communicated by the wife to the husband, would not establish unsoundness of mind. I have met with persons who were fully convinced that they had contracted consumption from their partners in life, and have been consulted by others as to the probability of such an event. Whether the reason assigned for the fulfillment of her prophecy was such as might have been given by a sane person or not, it was undoubtedly evidence of a fixed determination on her part to conceal her own agency in the tragedy. These predictions are certainly the strongest evidences of insanity in tho whole history of the case. And unless they might reasonably be expected to proceed, unconsciously, from a mind intensely absorbed in the contemplation of an intricate and horrid plot, they would go far to justify the verdict of the jury.

That she should make a pair of drawers and have a shirt washed before the death of James to "lay out" the body in, is not surprising, when she knew the neighbors considered him dying of the same disease that carried off his mother and brother. Neither was it wonderful that she should grieve after their death. Remorse often rises and smites the guilty in the midst of crime, although it may not arrest the progress of their wickedness. The remark that the consulting physician in Mrs. Green's case was the best to have in that of James, betrayed no weakness of mind, in my opinion, as she had remained as free from suspicion after his visit as before. And the scene at the fire-side after she had been detected, might well have been presented by one accused of her fearful deeds, and who was so overpowered at the exposure as to be at a loss how to escape the difficulty in which she found herself.

Through the progress of the poisoning, there is concious-ness, design, cunning, concealment. The purchase of the arsenic under false pretences, and the subsequent denial of any knowledge of such an agent; the care observed in preventing the use of the poisoned articles, by others than those for whom they were designed; the comparing of Mrs. Forest's sickness, with that which in the case of Mrs. Green, had excited no suspicion; her contradictory statements when interrogated by different parties, as to the cause and nature of the disease in some of the suffers; the apparent attempt to reconcile the symptoms of some of the patients with natural causes; the studious concealment of her agency in all the conversations, except the secret one with Mrs. Bazley, and the careless one with the former servant girl; the excitement and anxiety manifested after the discovery of arsenic in the stomachs of the disceased, and her suspected participation in their deaths; the refusal at the trial of Mrs. Bazley to furnish any evidence that would implicate her in the murder of Mrs. Green, are indicative of a degree of intelligence, that argues deliberation, determination, care, circumspection, consciousness of danger and knowledge of wrong. But does the manifestation of these qualities contradict the verdict of insanity? The future development of undoubted insanity would throw little more light upon her case, as she is probably predisposed to the disease, and such an event might not unreasonatly be expected. Is she now, or was she at the time these harmless woman and children were sent to untimely graves, insane? To determine this, an acquaintance with Nancy—a knowledge of her history and life are all that is necessary. With this acquaintance and knowledge as furnished upon the trial was Nancy Farrer, at the time of committing this outrage upon human life, an imbecile or a monomanaic? Was she laboring under moral mania or homocidal insanity? To what particular form, if any, of mental infirmity or disease did her case belong?

NOTE.—Since the above was written Nancy Farrer has been under the care and daily observation of the writer for

eight months. During that time she has been remarkable for cheerfulness, amiability, neatness and industry. She has proved herself cleanly in her person and habits; attentive to all her duties; faithful to every trust reposed in her; respectful to those under whose charge she has been placed; sympathising in her feelings toward her unfortunate associates; obliging and kind, yet firm and resolute to those she has been required to watch over. Blended with these traits in her character, appear to be those of sincerity, candor, frankness and truth. She is grateful for kindness toward her; sensitive, with judgment to control her emotions; affectionate, without that familiarity and obtrusiveness that often characterize a weak mind. How, or in what manner, a life in society under other circumstances and other influences would affect these traits in her character, can only be a matter of conjecture. She has evidently desired the respect of those around her and designedly studied to deserve it.

During the eight months she has been under the writers observation, the closest scrutiny has been unable to detect the least evidence of mental weakness—of intellectual or moral impairment. So far from being simple or imbecile, she has displayed an intelligence above the mediocrity of uneducated girls. Her mind has certainly been sound during that period; and yet it is difficult to reconcile the posioning of so many innocent and harmless persons, with her amiable, kind hearted and affectionate disposition, without supposing the presence, at the time, of an irrational motive, or insane impulse. That she *now* has a full knolwedge of the heniousness of murder, and a proper conciousness of the punishment due it both in this life and the next, with the intellectual power of controling all her actions, the writer cannot entertain a doubt.

On Opacities of the Cornea and their Treatment. By G. A. KUNKLER, M. D., of Madison, Ind.

All diseases of the cornea, and particularly opacities of this organ, are of great interest and importance to the physician,

for the cornea may be compared to the window of a house, if it be dimmed or opaque, it is impossible to see through it with the best of eyes, and all will be dark within.

Opacities of the cornea are of three kinds, viz:

First. They may result from thickening of the conjunctiva and effusion of adhesive matter between it and the cornea, or between the lamella of the latter: this is very frequently the result of acute and chronic strumus ophthalmia.

The surface of the cornea has lost its transparency, polish and smoothness when the conjunctiva is affected; if the opacity be in the cornea this is not the case; this is usually called nebula or nephelium, and is that form of opacity which admits of removal by exciting the absorbents more or less completely; it has usually a soft, diffused, semi-transparent appearance.

Second. They may result from opaque matter being deposited in the texture of the cornea, without any previous loss of structure. The yellow pearly opacity, resembling the inside of an oyster shell, is of this kind; it is commonly produced by violent and frequent relapsing inflammations, and is deep-seated. In this case, the layers of the cornea become opaque, indurated and condensed, so as not to admit of separation by the knife or maceration; and if such opacities are relieved, it is by an absorption of the interlamellar deposit in their vicinity.

Third. Opacities resulting from the general structure having been destroyed by ulceration or the application of a powerful escharotic, followed by a deposit of opaque matter, forming a cicatrix. This differs from the second chiefly in its figure being more abruptly circumscribed, and bearing more resemblance to a cicatrix; in point of density, the second often exceeds it, as when the cicatrix does not penetrate the cornea. *Both* last mentioned species of opacity are *white* in the *recent* state, and in general, the more their color is contrasted with this appearance, as yellow and brown, the less is the probability of reducing them.

The *first* of the above divisions is the one most commonly met with in practice.

The treatment of opacities of the cornea must be somewhat varied according to the causes which have produced them. If there still exist some inflammatory action in the eye, it should first be completely reduced before the immediate treatment of the opacity is commenced.

Simple *nephelium* of the cornea may generally be easily removed by the frequent application of strong, red precipitate ointment. The following is the formula in which we usually prescribe it:

℞ Adipis ʒij, hyd. precip. rubr., gr. xviij, zinci. sulph, gr. v., m. ft. ungt. This should be applied from two to three times daily, with a camel-hair pencil; by these means the remedy is brought at once in immediate contact, and will rarely fail to remove the opacity within a short time from using it, if it be recent; if it, however, be more obstinate, the following lotion may be alternated with the ointment:

℞ Hyd. bichlor. gr. ij, extr. opii. aquos gr, viij, solve in aqua. rosar, ʒij; m. ft. This should be dropped into the eye two or three times during the day, using about one drachm at each application. With the persevering use of this lotion, we have removed opacities which had resisted all previous means which had been employed.

In cases where there is a *complete* opacity of the cornea, (*leucoma*,) which frequently arises from extensive ulceration, or from the application of a powerful escharotic, (*which, though it may not have completely destroyed the vitality of the part appears to have produced some chemical change in its structure*,) it is nearly useless to attempt to remove them completely; nevertheless, the patient's condition may be materially improved; for if we are not able to remove the central portion of the *leucoma*, we will, at least, have the pleasure to find, that with careful and proper treatment, the edges become gradually less opaque, and slowly, vision is more improved, and in some cases an artificial pupil can be formed with great advantage. No matter, therefore, how unpromising the case may appear, a fair trial of art should

always be made. The most useful remedies in this form of opacity are counter-irritants behind the ears or in the neck, perseveringly used, frictions of mercurial ointment in the region of the temples, two or three times a day, a solution of nitrate of silver, viz: ℞ Argt. nit. gr. iv., extr. opii. gr. v., aqua. dist. ʒj., m. ft. may be applied as often with a camel-hair pencil. Of internal remedies, the yellow iodide of mercury may be given with great advantage; ½, to ¾ of a grain may be given twice daily, and be continued for three to four weeks. With this treatment we will rarely fail to benefit the patient, if not work a complete cure. There is one fact to which we would draw attention, and whoever has had some experience in treating diseases of the eye, will have noticed the same—that whenever one remedy is applied for a long time, it gradually appears to lose its useful effect, *even* when the doses are *increased*, the disease becoming as it were, *callous* to it. In treating, therefore, opacities of the cornea, it is advisable that the remedies should be changed alternately with some others. As, for instance, the *red precip. oint.* may be used for a week or two, then the *bichlorid* of *mercury* or a solution of *nitrate* of *silver*, and *wine* of *opium*, and then again the *precip. oint.* This mode of treatment keeps up a continual condition of improvement, and the complaint is removed in a much shorter time than when one remedy alone has been employed. The season should also influence us in the choice of a remedy. In winter, the preparations in ointment form, and in summer, those of solution will be found to agree best with the eye.

Drs. *Hall* and *Jacobs*, two celebrated English ooculists, recommended very highly the internal use of *corrosive sublimate* in treating opacities of the cornea, and persevere in its use if there is nothing to contra-indicate it, for eight and ten weeks at a time. If there be any irritation of the gums or derangement of the bowels resulting from its use, the dose must be reduced or intermitted. It is given in doses of 1-16 to 1-12 grain twice daily, in solution, with the addition of tinc-

ture of bark. We have used it frequently, and with tolerable satisfactory results; but have found in the *iodide* of *mercury*, especially when combined with a narcotic extract, a far superior and more efficacious remedy.

Hospital Reports and Reports of Cases.

Short Notices of Hospital Therapeutics.

Diuretics in Renal Dropsy.—The question as to whether diuretics should be employed in the treatment of those cases of dropsy which from the condition of the urine are known to depend upon diseased kidney, is one of great practical importance. Our readers may be glad to know the opinion of so excellent a physician as Dr. Burrows respecting it. A few days ago, Dr. Burrows, at the bedside of a patient who was recovering from a very severe renal dropsy, made the following remarks: "I wish, gentlemen, that you should notice the treatment which has been here pursued. I well recollect that long ago it used to be Dr. Latham's observation that this form of dropsy was often very efficiently treated by the tartrate of potash. That salt was indeed his favorite remedy. Then came the addition to our pathological knowledge, and the announcement of the fact that the disease was essentially one of renal disorganization. From this it was thought to follow clearly that whatever stimulated or irritated the kidney must do harm. Diuretics consequently fell into almost universal disuse. Latterly, however, some of us are again coming back to the old practice; we find that no other remedies effect so much for the relief of the patient as diuretics, and we therefore prescribe the latter. The matter is one of experience, and my own is to the effect that the kidneys, though in a state of chronic disease, obey diuretics well, and that no inconveniences are produced." The prescription which the patient in this case had been taking was as follows:—℞ Potassæ tartrat. ʒss., spirit. æther. nitr. ʒss., aquæ piment. ℥j. Ft. haust. ter die. The case was, of

course, one of chronic dropsy, and the diagnosis as to its renal cause had depended upon the absence of cardiac disease, and the presence of a large quantity of albumen in the urine.

TORMENTILLA AS AN ASTRINGENT.—The decoction of tormentilla, a remedy in not very general use, is, we observe, a great favorite with Mr. Hilton, of Guy's Hospital. It is employed in cases of piles, passive hæmorrhages, diarrhœa, etc., as a tonic and astringent. A few weeks ago, Mr. Hilton ordered it (in doses of an ounce and a half every three hours) to a patient in whom hæmorrhage from the bowels had occurred four days after an operation for hernia, and took the opportunity of observing to his class that it was one of the most efficient vegetable astringents that he knew.

NITRIC ACID AND SULPHUR AS AN ESCHAROTIC.—Mr. Cock has recently been employing in some cases under his care in Guy's Hospital, as an escharotic, a compound of nitric acid and sulphur. A paste is made by mixing the strongest nitric acid with sublimated sulphur, until of a proper consistence. This paste is applied to the diseased surface, the surrounding parts having been protected by plaster, as when chloride of zinc is used. The mixture does not run about. It appears to give less pain than the nitric acid alone, and acts longer, producing more of eschar. In one case Mr. Cock employed it to remove a prominent mass of granulations in fungous testis, and it succeeded well. A cure, however, did not result, as a subsequent attack of inflammation aggravated the condition. We understood Mr. Cock that the formula had been suggested to him by Sir Benjamin C. Brodie.

EXTERNAL USE OF COD-LIVER OIL IN SKIN DISEASES.—The reader may find in the *Medical Times and Gazette* for January 3, 1853, page 23, a short notice of the employment of Cod-liver oil in certain forms of skin disease, more especially in Eczema. The remedy was then new in this country, and the trials on which our observations were founded had been made in St. Bartholomew's Hospital, by Mr. Paget, to whom it had been recommend by Professor Malmsten, of Stockholm. Since then the oil has, we believe, been extensively used in England, and with much the same favorable results which Mr. Paget obtained from it. We refer to the matter again, in order to allude to a paper, recently published by Professor Malmsten himself in a Berlin Medi-

cal Journal *, on the various uses of the fish oils, and more especially on their external employment against intractable skin diseases. The practice of the Swedish Physicians appears to have been most successful; and amongst the cases narrated as having been cured are examples of chronic and impetignoid eczema, impetigo, psoriasis, chronic pityriasis, and prurigo formicans. The plan adopted differs somewhat from what we have seen followed in this country. Instead of using the oil merely as an ordinary liniment, the affected parts are directed to be kept constantly soaked with it. If the whole skin be affected, the patient is made to lie in bed; all his body and bed linen being saturated with the oil. This system is continued until the skin is restored to health, the patient being allowed an alkaline bath once a week, but no other washing or change of clothes being permitted. To most people the disagreeable nature of such a measure will constitute an almost insuperable objection to its use. We must remember, however, that Professor Malmsten assures us that he has cured, by its help, cases of the most obdurate and distressing kind. The treatment does not appear to have required, as a rule, more than about two weeks; and is said to have shown a wonderful influence in restoring flaccidity, clearness, and healthy color to the diseased integument. The majority of cases of prurigo formicans baffle, we suspect, the skill of all our English Dermatologists; and in these the patients would generally be found willing to accept a cure by any possible method, with regard to its disagreeableness. Although this author incurs a little suspicion from the rather indiscriminate recommendation of his remedy, yet, on the whole, we think he well supports his assertions. Speaking generally of his facts, they appear to us to bear out the conclusions which we expressed in the former report on this subject, and which we will again quote:—"The class of cases for which the oil seems most applicable is that of chronic eczematous eruptions, unattended by acute inflammation or general pyrexia. In abating the troublesome itching, which frequently accompanies this disease, especially in old people, it has manifested powers superior to those of any other application with which we are acquainted."

* Oleum Jacoris Aselli als ortlich wirkendes Heilmittel. Allgemein medicinische central Zeitung. November 29, and December 9, 1854.

ST. MARY'S HOSPITAL.

Hysterical Affection of the Hip-Joint. Under the care of Mr. COULSON.

The following case, the subject of which was a patient under the care of Mr. Coulson at St. Mary's Hospital, presents a tolerably well-marked instance of that affection which is occasionally so troublesome to the Surgeon, known under the name of hysterical joint, supposing at least that the diagnosis made in this case was, as there is reason to believe, correct. This affection is not so frequently, perhaps, met with in Hospital practice as in private, females belonging to the richer, and consequently the more idle portions of the community being most liable to it, in common with the other affections incidental to hysterical subjects. There does not seem to be a great amount of difficulty in diagnosticating the presence of hysterical affection of a joint, if the history be duly inquired into, and the condition of the joint and limb affected carefully scrutinized. The symptoms, as is well known, are severe pain in the joint, now and then a slight puffy swelling around, together with evidence of hysteria, etc. The character of the pain is important. It is more severe than in inflammatory affections. Pressure on the joint is productive of pain when made at almost any point, and the pain produced is even greater when slight pressure is made than when a greater degree of force is used. Now it often happens that in true inflammatory disease of a joint it is found necessary to examine carefully before the Surgeon finds a spot which is painful on pressure, this observation being of course intended to apply to inflammatory affections of a chronic nature, with which alone the hysterical condition is liable to be confounded. The course of the affection is peculiar, and a very important point in the diagnosis. The joint affected remains in much the same condition for a considerable time. Months and even years may elapse without any change occurring for the worse. This is hardly possible in the case of a joint in which true disease is progressively extending. One additional point observed by Mr. Coulson some time since is the fact that the limb affected is liable to frequent alternations of heat and cold, this change of temperature being not only obvious to the patient but to the observer also. In the case about to be detailed this circumstance was noticed, and together with it a condition pointed

out by Sir B. Brodie, viz., a loss of sensibility of the skin covering a portion of the leg. These elements for the diagnosis of hysterical joint are of value, for their recognition may prove of great service in elucidating the nature of a case involved by particular causes in obscurity. It is singular enough that the joints most frequently presenting the hysterical affection should be also those in which chronic, inflammatory, and other affections are most commonly observed.

M. A. Q., aged 24, single, by occupation a cook, was admitted into St. Mary's Hospital October 6, 1854. Her previous health is described as good, on the whole. Five years ago she had a fall, which injured the right knee to a slight extent, but of this she soon recovered, and felt no further unpleasant effects. Six weeks before her admission into the Hospital she had an attack of cholera. The catamenia commenced at a late period, at the age of 21, and have never been very regular, the period often passing by without its occurrence. Her family are tolerably healthy: one sister died of consumption. The patient is a healthy-looking young woman.

The patient ascribes her complaint to the fall on the right knee five years ago. She fancies that the right hip has been larger than the other for the last twelve months. Four months ago the right knee was swollen and painful, and leeches were applied.

Present State.—She is able to walk, but walks lame, and the motion of the right leg and knee gives great pain, the pain commencing at the knee, and extending up to the hip-joint. The knee is not at all swollen, but tender on pressure; there is no apparent enlargement of the parts around the hip-joint; pressure is painful all over it. There is pretty constant pain in the hip-joint, and this has been present for the last three weeks. She complains of a want of feeling at the inner ankle and over the foot, on the dorsum as well as the sole. The parts thus insensible to touch are also colder to the feel than the corresponding surfaces of the other leg. This insensibility and lowering of temperature are evanescent, coming suddenly, lasting a few minutes, and then disappearing as suddenly as it came. There is no distortion, lengthening or shortening of the limb.

A belladonna plaster was applied round the hip-joint, and an ounce of quinine mixture prescribed thrice a day.

Oct. 9th.—The pain was more severe, and three grains of Dover's powder were added to each dose of the mixture. On the 11th the quinine mixture was omitted, and a combination of tincture of iron and hyoscyamus substituted.

Oct. 16th.—The hysterical and nervous condition of the patient being more completely recognized, a draught of tincture of valerian, with tincture of hyoscyamus and camphor mixture, was ordered three times a day.

Oct. 19th.—The knee is now the most painful part. The condition of the leg remains much the same. The alternate elevation and depression of temperature of the affected limb is still observed. A belladonna plaster to be applied to the knee.

During the remainder of the patient's stay in the Hospital matters progressively assumed a more favorable aspect. The medicines given were occasionally changed, but for the most part consisted of the remedies usually found most advantageous in hysterical cases. The patient was discharged from the Hospital November 10th, at which time she was able to walk quite readily; there was no lameless, no distortion of the limb, but the patient seemed to have a too great tendency to make much of trifling ailments.—*London Medical Times and Gazette.*

Reviews and Notices.

A Dictionary of Terms used in Medicine and the Collateral Sciences. By Richard E. Hoblyn, A. M. Oxon. A New American from the last London Edition. Revised with Numerous Additions. By Isaac Hays, M. D., Editor of the American Journal of the Medical Sciences. Philadelphia: Blanchard & Lea, 1855.

Dictionaries, like maps of our country, must be frequently revised and enlarged to keep up with the progress of the age. The developement of new facts, like the discovery of new territories, requires the invention of new terms to express and define them clearly. In this age, when science is unveiling so many of the mysteries of nature, new terms have become so abundant as to render the old Dictionaries of Motherby, Parr, Hooper, &c., almost entirely obsolete and of very little value to him who reads the medical literature

of the present day. To supply the want of the medical reader, arising from this cause, we know of no dictionary better arranged and adapted than the one bearing the above title. It is not encumbered with the obsolete terms of a by-gone age, but it contains all that are now in use; embracing every department of medical science, down to the very latest date. The volume is of convenient size to be used by the medical student, and yet large enough to make, a respectable appearance in the library of the Physician. For sale by Moore, Wilstach, Keys & Co.

Yellow Fever, considered in its Historical, Pathological, Etiological, and Therapeutical Relations. Including a Sketch of the Disease as it occurred in Philadelphia, from 1699 *to* 1854. *With an Examination of the Connections between it and the Fevers known under the same name in other parts of the Temperate, as well as in Tropical Regions.* By R. La Roche, M. D., Member of the American Philosophical Society; of the American Medical Association; Fellow of the College of Physicians of Philadelphia; Corresponding Member of the Imperial Academy of Medicine, and Foreign Associate of the Medical Society of Emulation of Paris; of the Academies of Sciences of Turin, Copenhagen, Stockholm, Nancy, and New Orleans; of the Medical Societies of Naples, Marseilles, Lyons, etc.. In two Volumes. Philadelphia: Blanchard & Lea, 1855.

In this work we are presented with fourteen hundred and eighteen pages on the subject of yellow fever, making a ponderous mass, which at the first view is scarcely less formidable to a reader whose time is limited, living in an inland city of a temperate zone, than would be the approach of an epidemic of the yellow fever itself. Such at least was our impression when it was first laid on our table, interrupting our enjoyment of the soothing aroma of a delicious regalia, and calling the mind from a captivating cruise on a lake in Cashmere,—borne upon the gently undulating waves by the magic numbers of "Tom Moore." But on opening the first volume and scanning a few of its pages, all this feeling was changed to a deep interest in the subject, and the more we read the more intensely was the attention absorbed by the contents of this great work.

It is truly a great work, for it gives a most comprehensive view of the greatest of all scourges that afflict the human family, and its production must have been attended with an amount of laborious

investigation that cannot be fully appreciated by any, except its talented author.

The escape of the yellow fever from its southern home, and the fearful loss of life that the cities of Norfolk and Portsmouth have sustained in the summer just past, give to this work great value at the present time. It is highly probable that the next summer will spread the epidemic into higher northern latitudes than it has been enabled to reach in this; and any physician will be derelict in his duty to himself, and the community that gives him employment, if he does not prepare himself by every available means, for such a sad event. He cannot do better than to read this work of Dr. La Roche on the subject, for there he will perhaps, find all that is of value known of the disease. For sale by H. W. Derby.

A Treatise on Epidemic Cholera. By Horatio Gates Jameson, Sr., M. D., Member of the Medical and Chirurgical Faculty of Maryland; Professor of Surgery; Member of the Philosolophical Societies of Berlin and Moscow, etc., Philadelphia: Lindsay & Blackiston. 1855.

Dr. Jameson was long in the field of observation, and has labored through each cholera epidemic that has swept over the face of our country. He was a man of acknowledged ability, of sound judgment and thorough education; therefore what he has said upon cholera is entitled to respectful consideration. He advocates the doctrine of the non-contagiousness of cholera, and claims that the disease originates from peculiar electrical changes in the atmosphere. For sale by H. W. Derby.

Cau e and Prevention of Yellow Fever. By E. H. Barton, M. D.

The work bearing the above title is composed of 282 pages, taken from the report of the Sanitary Commission, that was appointed by the City Council of New Orleans, to examine into, and report on, the cause and prevention of Yellow Fever. It exhibits a laborious research into the phenomena of Yellow fever, and much ingenuity in speculating on its cause. For sale by H. W. Derby.

A Manual of Pathological Anatomy. By CARL ROKITANSKY, M. D., Curator of the Imperial Pathological Museum, and Profesor at the University of Vienna, etc. Translated from the last German edition. By William Edward Swain, M. D., Edward Sieveking, M. D., Charles Hewitt M. D., and George E. Day. Four volumes in two. Philadelphia: Blanchard & Lea. 1855.

Among the many valuable works that are daily coming from the prolific press, we seldom meet with one so valuable as this. It seems almost incredible that any one man should have examined so vast an amount of morbid material as has fallen under the observation of Prof. Rokitansky. Having had the entire control of the great Anatomical Museum at Vienna for thirty years, and during that period having made thirty thousand post mortem examinations, he may well have accorded to him the title of the most distinguished living pathological anatomist. The result of his observations in this vast field, is presented to the world in the present work.

An attempt to give our readers any adequate idea of the vast amount of instruction accumulated in these volumes would be feeble and hopeless. The effort of the distinguished author to concentrate into a small space his great fund of knowledge, has so charged his text with valuable truths, that any attempt of a reviewer to epitomise is at once paralyzed, and must end in a failure.

The value of this work is greatly enhanced, in our estimation, by the fact of its being produced by a man who observed nature for the purpose of studying both normal and abnormal changes of the structure, and the composition of the tissues in a state of health or disease, throwing aside all theories and preconceived notions, that he might record the facts without warping them from their legitimate teachings. He has not attempted to fill up any void in his ivestigations of phenomena by speculation; and he has drawn no inferences that were not irresistable from well tested observations. His sole object seems to have been to read correctly the revelations of the scalpel and the microscope, to avoid error and develope truth. In this aim he has succeeded beyond any of his cotemporaries; though he has often availed himself of their observations, correcting some and verifying others; so that his work may be considered as embracing all the valuable pathological discoveries of the age.

This American edition is a faithful copy of the English translation, which was made under the direction of the Council of the Sydenham Society of London. To that Society, as well as to the

American publishers, the profession in the United States owe a debt of much gratitude for placing in their hands such a valuable contribution to science. For sale by H. W. Derby.

Elements of Medicine: A Compendious View of Pathology and Therapeutics; or the History and Treatment of Diseases. By SAMUEL HENRY DICKSON, M. D., L. L. D., Professor of the Institutes and Practice of Physic in the Medical College of the State of South Carolina. Philadelphia: Blanchard & Lea. 1855.

Is a new work on the elements of medicine really demanded at this time? This question naturally presents itself to the mind on first noticing that such a book is about to appear. There are many works extant of this kind that have emanated from such high authority as to predispose us to look with distrust, or indifference, on one from a less conspicuous point. It is, indeed, a difficult task to produce a work on the elements of medicine having enough of originality to entitle it to our notice, and the originality, at the same, so plausible as to inspire our ccfidence. It cannot be done by a mere compiler, or one who gains his ideas in his library. It is to the laborious practitioner—one who has spent years of close observation at the bed-side, who has become eminent as a successful practitioner, who has read, observed and noted the phenomena of disease, and the effect of remedies—that we naturally look for reliable information in the practice of medicine. Has Dr. Dickson the requisite qualifications for the position he has assumed in the rank of authors? Can he "pass muster" in a review with Mackintosh, Watson, Stokes, Eberle and Wood? These questions can only be answered satisfactorily by an enquiry into his antecedents, and by an examination of the contents of his work. In reference to the first point of enquiry, all that is necessary for our purpose is comprised in the following paragraph, taken from the first page of his preface:—

"Having been a teacher of medicine for thirty years, and a student more than forty, I must have accumulated some experience in both characters. I have prepared and printed for those in attendance on my lectures, many successive manuals or text-books; I have also written and published several volumes upon medical subjects in general. The first I have endeavored to improve, edition after edition, to render them more available and useful to those in whose hands they were placed. Of the latter, some of which have been

favorably received, I have endeavored to learn and avoid the defects to the best of my ability. The following pages are the result of a careful collation of what has been esteemed most valuable in both, with such matter as continued study and enlarged experience have enabled me to add. May I hope that they will not be altogether unworthy the approbation of my professional brethren?"

From this we may believe that the locks on his temples have become silvered by years of study and experience, and that his mind is stored with knowledge sufficient for writing a book worthy of our notice. The product of his labor—a well composed, beautifully printed, and excellently bound volume—is before us.

In the first part of the work, the subject of general pathology is presented in outline, giving a beautiful picture of its distinguishing features; and throughout the succeeding chapters we find that he has kept scrupulously within the bounds of sound reasoning and legitimate deduction.

We occasionally meet with speculations on the causes of disease, that might not bear the test of a critical examination, but they are not abundant, and in no instance that we have observed, do they interfere with correct plans of treatment. Upon the whole we do not hesitate to pronounce it a superior work in its class, and that Dr. Dickson merits a place in the first rank of American writers. For sale by H. W, Derby.

Principles of Human Physiology, with their chief applications to Psycology, Pathology, Therapeutecs, Hygiene, and Forensic Medicine. By William B. Carpenter, M. D., F. R. S., F. G. S. Examiner in Physiology and Comparative Anatomy in the University of London, Professor of Medical Jurisprudence in University College, President of the Microscopical Society of London, etc., etc. A new American from the last London edition. With two hundred and sixty-one illustrations. Edited with additions. By Francis Gurney Smith, M. D., Professor of the Institutes of Medicine in the Medical Department of the Pennsylvania College, etc. Philadelphia: Blanchard & Lea. 1855.

This is a standard work—the text-book used by all medical students who read the English language. It has passed through several editions in order to keep pace with the rapidly growing science of Physiology. Nothing need be said in its praise for its merits are universally known; we have nothing to say of its defects for they only appear where the science of which it treats is incomplete.

In the present edition many additions have been made by the American editor, and the whole volume is re-considered and new discoveries introduced, to bring it down to the latest period, so that this appears almost a new work. For sale by H. W. Derby.

The Diseases of the Heart and Aorta. By WILLIAM STOKES, Regius Professor of Physic in the University of Dublin, Author of "Treatment and Diagnosis of the Diseases of the Chest," etc. Philadelphia: Lindsay & Blackiston. 1855.

The writings of William Stokes have been so highly appreciated by the profession for their plain, practical and pointed style, and the soundness of the doctrines, or rather facts, that they teach, that it would be supereogation for a journalist to say any thing in commendation of a new work eminating from his pen.

The present volume is intended to embody the results of his clinical observations on the affections of the heart and aorta, made with unceasing vigilance through more than a quarter of a century. The aim of the author was not to produce a full treatise on Cardiac Pathology or on Physical Diagnosis, but the application of these branches of knowledge to practical medicine. In this he has been so far successful as to produce the most correct practical work on the diseases of the heart and aorta of any now published. For sale by H. W. Derby.

Progress of Medicine.

ENGLAND.

On the Treatment of Otorrhœa.

Seeing that the plan of introducing cotton-wool into the ear, for the purpose of curing cases of "Otorrhœa," has lately been published in THE LANCET, I think it right to say a few words on the subject, as I am not unfrequently consulted by patients who have suffered very severely from this practice.

"Otorrhœa," a term which I have endeavored to abolish on account of its great ambiguity, has its most frequent origin in five different diseases of the ear, viz:—

1. Catarrh of the dermoid meatus.
2. Polypi.

3. Catarrh of the dermoid layer of the membrana tympani.
4. Ulceration of the fibrous layers of the membrana tympani.
5. Catarrhal inflammation of the tympanic mucous membrane, with perforation of the membrana tympani.

Now, I need scarcely say, that the insertion of cotton wool into the meatus, in any of the four first-named diseases, is likely at once to aggravate the symptoms by pressing against the delicate parts which are the seat of inflammation. In fact, any of these four affections may be produced by the irritation following the presence of a foreign body in the meatus. A patient at the present time under my care, who had been suffering for some time from chronic catarrh of the dermoid layer of the right membrana tympani, had acute inflammation induced, accompanied by severe cerebral symptoms, by the introduction of cotton wool down to the outer surface of the membrana tympani. The most active anti-inflammatory treatment was requisite to put a stop to the irritation. In the course of a few days, the surface of the dermis, which had become of a bright red color, and was covered with granulations, assumed the appearance usual in this disease.

The use of cotton wool in any of the three first named diseases is still more irrational when, as is often the case, they are sympathetic, and merely the result of irritation in the deeper cavities of the ear. Thus, very frequently, chronic inflamation of the mucous membrane lining the tympanum, accompanied by chronic disease of the bone, produces catarrh of the dermis lining the external meatus, the membrana tympani remaining entire, the discharge being purely sympathetic. A case of this kind, ending in death, recently occurred, under Dr. Sibson's care, at St. Mary's Hospital. I have already published a case, in which death rapidly occurred from the internal inflammation produced by mechanically irritating the meatus under such circumstances; and I have no hesitation in saying, that the introduction of any foreign substance into the meatus, in similar cases, is likely to be productive of the most serious results. Very frequently catarrhal inflammation of the dermoid meatus is a symptom of obstruction in the Eustachian tubes, and it ceases immediately that the tubes are made pervious. Such cases are, however, called cases of "otorrhœa," and the ears are filled with cotton wool.

But if the introduction of cotton wool into the external meatus is an irrational and unsafe proceeding in cases where the discharge originates in one of the four above-named diseases in the external meatus, its use becomes quite unjustifiable when there is a perforation in the membrana tympani, and the discharge originates in catarrh of the mucous membrane of the tympanum. After careful study of the subject for some years, and after examing a very large number of diseased specimens, the conclusion to which I have arrived is, that *the cause of death in cases of catarrh of the mucous*

membrane of the tympanum and mastoid cells is the retention of the discharge; so long as there is a free outlet for the discharge, the mucous membrane does not ulcerate, and the petrous bone does not become carious. I have placed upon record a large number of cases corroborative of this important fact, and its accuracy is daily becoming more manifest, yet, in face of it, a system of treatment is recommended, which has the effect of shutting up the discharge in the tympanic cavity; for what other effect can the presence of a portion of cotton wool in the meatus produce? Even in the use of so delicate a membrane as the artificial membrana tympani, where there is much discharge from the mucous membrane of the tympanum, I insist upon the removal of the whole of the discharge, by means of a syringe, twice or thrice daily.

In conclusion, it must be palpable to every medical practitioner that the only rational way to treat the diseases attended with discharge from the ear is in the first place to ascertain their cause and nature. Sometimes the affection is purely local, and the use of a slightly astringent lotion, of a solution of nitrate of silver, or the removal of a polypus, rapidly puts a stop to the affection. Other cases have a constitutional cause, and it is impossible to arrest the discharge, nor is it wise to attempt to do so, until the constitutional tendency has been successfully combated.—*London Lancet.*

Erysipelas and Pyæmia in Relation to Surgical Accidents, Treated by Wine, Ammonia and other Stimulants.

The prophylaxis or due prevention of purulent infection, in surgical cases in hospitals, must ever be a subject of paramount interest to the practising surgeon. Pyæmia holds a very prominent place in the causes of death in the majority of those operated on in hospitals. An opinion, however, has gained ground, perhaps too readily, of the total incurableness of this affection, and patients have been too often abandoned to their fate under this impression. The rule usually adopted amongst surgeons is, to prevent as much as possible the formation of pus, or, where pus is already formed, to assist and encourage its exit by free incisions and pressure over purulent sinuses. We have been very much gratified, however, of late, with the result of some cases allied to pyæmia, under the care of Dr. Todd, in the medical wards of King's College Hospital. Dr. Todd proposes to check pyæmia by diminishing excess of inflammation in wounds, and checking erysipelas, both of which, as leading to the secondary results of inflammation, help to induce pyæmic fever. Pyæmia amongst the wounded soldiers, in summer, in the Crimea, for instance, is not less fatal than scorbutus in the winter, but both are curable, according to Dr. Todd, if only treated by stimulants from the first, such as brandy, beef-tea, ammonia, opium,

&c. It would seem that while surgeons have been in too many cases looking on pyæmia as theoretically quite incurable, it has often cured itself; and while we have been hitherto absorbed in the microscopical question of whether pus-globules enter the circulation in this disease as such or are broken up into poisonous matter, the more practical men have recognized phlebitis as at once an almost constant cause of pyæmia, and a not unfrequent mode of *cure* also of the pyæmic complication, set up by nature itself. The cause of pyæmia, we may say, as when not suspected, the mixture of the elements of pus in phlebitis, if not pus itself, may exist along the veins, even as far back as the auricles of the heart. This phlebitis, if properly treated, leads to a blocking up of the vein by fibrinous adhesion and a stoppage of the purulent absorption, thus becoming a means of cure; but if neglected or encouraged by depressing and antiphlogistic remedies, only leading to the most disastrous results—further formation of pus, with hectic and irritative fever, general debility of the system, unfavorable to the dispersion or resolution of the fever, or poison in the system, and death.

One of Dr. Todd's cases, a type of a class of cases received into this and other hospitals, was the following:

J. C——, aged about twenty, admitted into King's College Hospital with bad erysipelas of the face and head. The case was one of those very severe attacks in which the man might die, and the erysipelas might be said to have attacked the brain. Dr. Todd, however, believes that erysipelas does not "fly to the brain," but that, as in the puerperal peritonitis of women, which he considers as an erysipelatous affection; as in œdema of the glottis, and as in pyæmia, both so fatal—the cause of death is to be found too often in the secondary results of inflammation of an erysipelatous kind, and fever. Erysipelas has a tendency to attack the areolar cellular tissue of the organs, but this, according to Dr. Todd, is altogether obviated by treating such cases from the beginning with beef tea and ammonia, and bark, and not, as formerly, by leeches, bleeding, and mercurial purgatives. Erysipelas may thus be cut short, and get well in seven days, instead of being eighteen or twenty. We have observed in all the hospitals, of late, these views coming more and more into use. Some of the very old practitioners still adhere to water-gruel. purgatives, dopletion, and antiphlogistics; while, as a more general result, the opposite plan, which we owe so much to the advocacy of Mr. Skey, Mr. Prescott Hewett, Mr. Hilton, Dr. Todd, Mr. Wakeley, &c., leads to a more scientific treatment of cases and to the saving of human life. The latter surgeon is now treating a severe case of erysipelas at the Royal Free Hospital with nutritious food and stimulating medicine. The improvement has been very marked.

Pyæmia is sometimes checked by stopping the inflammation of the veins by the free application of caustic, or, as more recently ad-

vised and practised, by that of the actual cautery itself along the course of the vein, to encourage adhesive inflammation. The experiments of Cruvelhier, in which mercury was injected into the veins, and almost simulated the phenomena of some of the secondary results of inflammation and pyæmia, all further corroborate Dr. Todd's opinions. Lebert, it is true, demonstrates that pus in the blood destroys the globules of the blood itself, diminishing its fibrin, and precipitating its fatty matters; but not showing that this may not lead to purulent deposits in the lungs and liver, ending in death. These fatty deposits in the heart and bloodvessels of those dying of pyæmia we have seen in the dead-house; but all or many of such secondary results of inflammation attending surgical operations may be obviated, according to Dr. Todd, by joining a medical to a surgical treatment of such cases. The remote causes of pyæmia and erysipelas, according to the most truthful observers, being the crowding together of surgical patients and neglect of their wounds; the closing up too much of wounds and stumps, as observed to us not long since by Sir Robert Carswell; next, wounds of veins and ligatures of veins; but above all, certain epidemic or meteorological influences, especially in large cities like Paris or London, which at specific seasons interfere with the healthy formation of blood and pus; while the immediate or efficient pathological cause of pyæmia seems undoubtedly to be pus or its serum absorbed into the current of the circulation. This the surgeons of the French school do not hesitate to prevent, and by amputation of a limb, to cut off the absorbing surface on the access of the first rigors of the pyæmic fever; while Dr. Tood, on the other hand, would obviate it on the principle of "principiis obsta," anticipating the secondary evils of inflammation by cutting the latter short by the treatment now found more effectual than that formerly observed.—*London Lancet.*

Professor Simpson's Obstetric Practice.

SIR:—Some time ago I was much interested by certain communications made to the Profession through the Medical Journals, by Professer Simpson, of Edinburgh, on an improved system of obstetric practice in certain cases recommended by him, viz., that of turning the child instead of using the long forceps, or opening the head, where there is partial deformity at the brim of the pelvis in the mother, so that the child cannot be delivered by natural efforts. My interest in these communications was greatly enhanced by the fact that the practice recommended by the Professor is one I have followed during the whole course of my practice, commenced in the year 1820, and now, therefore, extending over a period of thirty-five years. I am happy to be able fully to corroborate the safety and propriety of this method, *having adopted it in a large number of*

cases, and in every case with perfect success. I am unable to state the exact number of cases, having taken no special notes of such cases, believing, as I did for a long time, that I was following a practice usually adopted by the profession at large, and not one which, as it now appears, has been confined at least to a few, as Professor Simpson assumes it as his own discovery, and recommends it as such to the Profession.

I cannot have met with so few as a 100 cases of this sort in the course of my practice, having registered about 3600 cases of delivery altogether, before I was obliged to retire from ill-health in the year 1852. I do not, however, claim any originality in the adoption of this practice, having been taught it by the late excellent Dr. Thatcher, of Edinburgh, while attending his obstetric course at Edinburgh during the session of 1819-20. And in referring to a volume of notes still in my possession, taken by me at the time of those lectures, I find the practice referred to recommended as a part of his ordinary teaching upon the subject; and I believe, indeed I *know*, the same practice has been uniformly adopted by other pupils of Dr. Thatcher, and also by other practitioners, I say not this in detraction of Professor Simpson, who deserves well of the whole Medical Profession; but truth, and justice to a venerated preceptor, will not permit me to say less, and I should have very imperfectly conceived the character of the Professor were I to suppose that he will be sorry to find the method he so strongly recommends corroborated by the facts I am enabled to lay before the Profession concerning it. That is ingenuity and common-sense principles have led him to conceive and adopt it, and that hence, in this limited sense of the term, he is entitled to the discovery, I have no reason to question. All I mean to tell him and the Profession is, the fact, that it was known and adopted before the Medical Profession received the benefit of his genius and labors; it may be, for aught I know, before even I was taught my profession by Dr. Thatcher, who for many years had lectured and practised midwifery in Edinburgh before my time, and had very likely, in every course previously, taught the same doctrine, and been the means of widely diffusing the practice.

With regard to this practice of turning, I may observe that not only in cases of partial deformity, but also in every case where nature did not seem adequate to complete the labor, either from the size of the child's head, its firm ossification, or from the feebleness of the uterine efforts, I have uniformly turned the child, and completed the labor, as a footling case, with perfect success, having never once used the long forceps, (an instrument I was always taught to eschew), and having but once in my whole life opened a child's head, and that was in a case not strictly speaking one of my own, but a case in which my advice and assistance were sought by a neighboring practitioner. The poor woman had been delivered before, some seven or eight times, instrumentally, and, in a subse-

quent pregnancy premature labor was brought on, but she did not recover. From my experience and observation, therefore, I hesitate not to affirm that opening the head, and the consequent destruction of the child, is very seldom required, if the Profession will generally adopt the practice now recommended. It is true that this is by no means at all times easy practice for those who have not acquired some degree of dexterity in performance of the operation, especially for such as are not adpated by nature for it; but when the right hand is so large that it reminds one more of a shoulder of mutton than a human hand, a defect, of course, no man can be accountable for, but a defect in an obstetric operator, that ought to lead its possessor to hesitate, especially without chloroform, to attempt turning in the case of a contracted female pelvis. The mention of chloroform reminds me to say, that in all such cases, and, indeed, in all instrumental cases of midwifery, I have felt it my duty for years to adminster this anæsthetic, and have not only seen no harm in any case from it, but much benefit in enabling the poor sufferer to bear with stillness the necessary assistance afforded, and so to aid the operator in the performance of his duty. I have not, however, carried my partiality for chloroform further than to instrumental cases and turning; but in all such cases I would strongly urge its adoption as of essential use, and, if used judiciously, and with a handkerchief, as recommended by its discoverer, Professor Simpson, I do not believe it will ever cause any anxiety to the medical man. Should these remarks seem deserving of insertion in your excellent journal, they are at your service. I am, etc.

Colchester; August 8, 1855. DAVID MORRIS,
L. R. C. S. EDIN. & L. S. A.

—*Medical Times & Gazette.*

Some account of the Wounded in the recent Bombardments of Sebastopol. By D. J. DUIGAN, Esq., Surgeon, R. N. Attached to the Naval Brigade serving before Sebastopol.

At day-light on Monday morning, April 9th, about 3 P. M., or Wednesday, the 6th, at the earliest dawn on Monday, the 18th of June, the whole of the allied line opened fire upon the fortifications of Sebastopol, thus constituting the second, third and fourth bombardments of that stubborn fortress.

The weight of the metal employed, and the size of the projectiles thrown, by the opposing forces against, each other's works, far exceed those of any previous siege. Even as regards the small arms, the old musket and bullet have been discarded, and far more destructive ones—the Minie rifle and conical ball—have been substituted in their room.

Some of the wounds which resulted were, perhaps, for those reasons, unusually severe, or, at least, novel in their characters. An

account of the progress of cases could not be kept, as they were almost immediately drafted from the Field Hospitals after the first indications were surgically fulfilled. Yet a mere record of a few of the most striking injuries, as they appeared when brought under the notice of the medical officer on duty in the trenches, as well as a brief medical account of the arrangements, etc., may be received with some degree of interest.

It may not be irrelevant to the subject to give a short summary of the military position. The French occupy both flanks; the English are in the center, their works being divided into right and left attacks (Chapman's and Gordon's batteries). The right attack fought the Mamelon, left flanks of the Malakoff, and Redan, and also some smaller works continuous with them. The left attack opposed the right flank of the works around the Malakoff Tower, right flank of Redan, the Barrack, Garden, 4-Gun, and Flagstaff batteries.

The proximity of our batteries to those of the enemy ranged between 1800 and 660 yards; one since raised in the Quarries, is distant only about 300 yards; the Rifle Pits in advance, were, in some places within 40 yards of each other.

During the bombardments, the Royal Navy Brigade sent 600 men into the trenches; those remained on duty between twenty-four and twenty-six hours; they marched into and out of battery under cover of night, to prevent the enemy firing upon them; the men took out their provisions cooked, and were accompanied by two medical officers—one for the right the other for the left attack.

The first parallel was occupied by the Royal Naval Brigade, Royal Artillery, Engineers and Medical Officers with their orderlies.

In ravines, leading from the Camp to the batteries, ambulances were stationed for the transmission of the wounded to the Field Hospitals. The Medical Officers' duties in the trenches, consisted, for the most part, in affording temporary relief to the wounded, viz., arresting hemorrhage by ligature and tourniquet; splinting broken limbs, bandaging and forwarding the patients by fatigue parties on stretchers, to the different stations of the Ambulance Corps.

Most of the wounds were interesting in a surgical point of view, but it would be both useless and tiresome to attempt even a list of them; yet some appeared to be so very singular in their nature, that I will mention those only, to the exclusion of all others.

I. *Shell Wounds.*

A seaman, knocked down by a fragment of a mortar shell, was picked up dead. The head was apparently swept from the shoulders, but there was no trace of hemorrhage. On disentangling his clothes, which were tightly jammed around the injured part, the head was found driven downwards into the chest, carrying with it a great portion of blue shirt and read comforter. A small tuft of hair alone was visible, at the bottom of a deep cavity. It was a regular intussusception.

An officer of Engineers had just entered the battery, when a 13-inch mortar shell fell close by him, exploding as it struck the ground. One thigh was blown into the air; the other, with its bones shattered throughout, but retaining its continuity by means of the integuments, was thrown around the back of his neck, and hung pliantly over the opposite shoulder, just as the arm of a child might lie in contact with its mother's neck. He lived for a few minutes.

A shell from the Malakhoff burst through the embrasure of the right Lancaster gun, disabling four men. One received a compound comminuted fracture of the left thigh, and a similar injury of the arm: the second, a compound comminuted fracture of the left thigh; third, a comminution of the right knee-joint and ankle, both of which joints were widely open. About a pound weight of the iron shell was immovably impacted in the inner condyle of the firmer. The fourth was an artillery man at the next gun, whose tarsus was injured. There was extensive laceration in the first three cases, and the shock was extreme: there was an oozing or welling of blood in two of them. The Medical Officers attended to those cases where the men fell in the rear of the embrassure, at which the enemy still continued to pour their shot and shell, but, fortunately for the Medical Officers, with less precision than before.

A shell was fired at a groupe principally composed of Sappers and Miners. One was killed, his face having been shot away. Another was carried up the first parallel badly wounded. On examination, it was found that half of the inferior maxilla of the dead man was driven into the roof of the second man's mouth.

A night or two after the capture of the Quarries, a man was killed in them by a shell from the Redan. An officer of the 97th, was standing close by received several severe superficial wounds from splinters. A foreign body was imbedded in the middle third of the left thigh, which was easily withdrawn by the finger. It was a large portion of one of the cylindrical bones of the man who had been killed; it was as sharp as a chisel.

Two artillery men stationed in the 8-gun battery, in the advance, on the right attack, were sitting or lying down, engaged in conversation, when a shell exploded as it approached their position. The head of one was taken off as if by an axe, above the neckcloth, the tie of which was undisturbed. The forearm of the other man must have lain in juxtaposition with his thigh, for both limbs were lopped by the same blow, in a line corresponding with Poupart's ligament. The man lived for about half-an-hour, urgently requesting all around him to keep his face sprinkled with water. The wounds in both limbs were jagged. The muscle of the thigh were drawn out in long bands: there was no hæmorrhage.

Another artilleryman, somewhere about the same part of the works, had his left knee-joint laid open and comminuted by a fragment of shell; no shock; a slight hæmorrhagic oozing. As he

approached the Medical Officer on a stretcher he facetiously asked if it was not "a wooden leg for him;" and as he was being carried to camp he asked us "to make the leg for him."

A 13-inch mortar shell dropped so close to a seaman that it burned his perinæum, testicles, and clothes as it burst. One of the ankle-joints was laid open; but the wonder is, how he escaped being blown to fragments.

About the central point of Gordon's battery, a shell burst among a gun's crew. One poor fellow was struck over the angle of the ribs. He uttered a cry for the doctor, and rushed about twenty yards, when he staggered, fell, and instantly expired. His heart and great vessels were ruptured. A second man's face, right shoulder, and arm, with the trapezius and latissimus dorsi, were torn away from the body. A third received a compound fracture of the ankle-joint, and a similar one of the ulna. The fourth escaped with a severe laceration of the calf of the leg.

An artilleryman sitting near one of the magazines, had part of his thorax and shoulder cut away, in a line from the sterno-culaviclar articulation to the hypochondrium, by the half of a 13-inch shell falling upon him.

As the military relief entered the right attack early one evening, the enemy opened a fire of shell upon them from the Garden batteries. One burst over the head of the column, by which two men were killed, and about a dozen seriously wounded, the legs and arms of some being carried away. One man, whose forearm was destroyed had all the comminuted bones driven into the thigh.

II. *Wounds from round shot.*

These wounds are easily recognized at the first glance, as there is but little variety in the appearance they present. Most of the men killed had their heads knocked away, either completely or in part. However, some cases occurred where those large projectiles went through the body, and even through the upper part of the thigh, making orifices of entrance and exit.

A bombardier at one of the mortar batteries, while in the act of laying the mortar, was struck over the ribs by a spent shot, which had barely sufficient force to ricochet over the parapet and drop into the covered way. As soon as the man was struck he uttered a loud scream, and, as he fell, made a convulsive death-grasp, and seized the cap of the officer who was standing beside him. Death was instantaneous, although there was no mark nor breach of surface to show the site of the injury. Nothing could persuade his companions against the idea of his having been killed by a "wind contusion."

During the past winter, a shot ricochetted with great force over one of the parapets carrying away the cap from a seaman's head. The man was a little stunned, but no further mischief ensued. When his cap was picked up it contained a handful of hair which

had been shaved from the scalp by the shot. This would have been "a poser" for the old wind contusionists!

III. *Bullet-wounds.*

Our advanced trenches being, in may places, within forty yards of the enemy's rifle-pits, wounds of great severity were inflicted on both sides, as the force of the bullets were undiminished by distance. The orifices of exit caused by the conical balls, more resemble shell wounds, in some instances, than bullet aperture. In wounds about the head, especially, I have seen nearly the whole of the parietal bone carried away.

Notwithstanding the jagged wounds of the Minie balls, I have seen a soldier of the 41st hit by one on the nose, which caused as clean a wound as if done by a sharp knife. The nose was divided at the junction of the cartilages with the bones. The lower portion dropping down, but adhering by a good pedicle. It was brought together, as in hare-lip.

Most of the wounds caused by the new conical bullets are, however, remarkable for the manner in which they plow up the soft parts.

A soldier of the 33rd was struck by a ball which made six openings. It passed through the right thigh, through the scrotum, and through the left thigh, when it escaped.

The Russians use several kinds of bullets—one a solid conical ball, which belongs to the Liege rifle; another of a larger size and conical form, hollow at the base, with a small pillar or nipple standing in the cavity. It is surrounded by three lines. At the base, to guide the ball in its flight, there are two smaller ones, modifications of this principle. The old round ball is still employed. In some cases two of those round bullets have been found connected by a transverse wire, like bar-shot.

IV. *Grape-shot wounds* have been severe and numerous. The following was an interesting case:—

A soldier of the 49th was struck on the temple by a grape-shot, which destroyed the squamous portion of the temporal bone. The brain was flowing through the wound, the man breathing stertorously. The grape-shot was supposed to be within the skull, It was subsequently found in his mouth, at the base of the tongue, pressing against the epiglottis.

Since the commencement of siege operations before Sebastopol, one Medical Officer has been killed, and two or three have been wounded. The first, Mr. O'Leary, Assistant Surgeon of the 68th Regiment of Light Infantry, was actually cut in two by a cannon-ball while in the act of assisting a wounded seaman. It is only to be wondered at that more casualties have not occurred among the Medical Officers; for during the heat of the fire they are constantly called from place to place, running along the batteries through the line of fire, in quest of the wounded. During the second bombardment this peripatetic system was very trying and fatiguing, for the

soil was heavy and tenacious from the torrents of rain that then deluged the trenches; and instances occurred where officers' boots drew off while running along to assist the wounded.

The French arrangements are excellent. They have established a surgery, with all the necessary appliances, in one of the ravines, where a staff of Medical Officers are stationed for daily duty. The Medical Officers in the trenches apply tourniquets, or do whatever is most urgently called for, on the spot, and then send the wounded on to the Hospital Staff, by whom they are next examined. If the cases demand immediate amputation the operations are performed; if not so urgent, the cases are sent on the Field Hospitals.

The duties of the siege fall heavily on the Medical Officers of the Naval Brigade, five of whom do that duty, and out of the five two go daily on trench duty. It comes to the turn of an Army medical officer to less seldom into the trenches. The time of duty varies in different divisions, according to the strength of the Medical officers in them. In some the Medical Officer goes once a fortnight, while in others the time extends even to once in five or six weeks. The Royal Artillery send no Medical Officers now, unless a general bombardment be going on. On the whole, this trench duty is very trying and hazardous; and, in performing it, the medical men run the same dangers, if not more, certainly not less, than the executive officers, who are generally stationary in a battery, while the medical officer, as ubiquitous as possible, is rushing in all directions to succour the wounded.

Camp before Sebastopol. August 14, 1855.

Addendum.—Another bombardment began this morning. I will give the medical results in a future paper.

August 18, 1855.

UNITED STATES.

On the Union of Fractured Bone. By Maurice H. Collis, M. B. F.R.C.S., Surgeon to the Meath Hospital, etc.

That fractured bone is repaired on similar principles to solutions of continuity in soft parts, is a truth with which surgery has only become familiar of late years. The ingenious and complicated theory of provisional and permanent callus is now replaced by one as superiôr in its simplicity, as the modern appliances for fracture are to the cumbrous apparatus of former days. This improvement in scientific accuracy enables us to explain phenomena which are inconsistent with the older theories: such, for example, as the absence of callus and rapidity of cure, where perfect rest and apposition have been attained; as in the following case, for example:—

William Reynolds, aged 30, was admitted into the Meath Hospital April 3, 1854, suffering from fracture of both bones of the leg,

the result of direct violence. The fibula was broken at the centre; the tibia was broken a little lower in two places, leaving the central fragment about three inches in length: both fractures being partly oblique and partly transverse. The man was slightly under the influence of drink when I saw him, eight hours after the accident; he was inclined to be feverish and restless; and there was some probability of his deranging the fracture if put up in the box or side splints. I therefore applied the starched bandage and pasteboard splints after the manner adopted by Baron Seutin. The evaporation from the apparatus, joined to its equable compression, kept down local inflammation and effusion; and upon slitting it up next day, the fracture was found perfectly in apposition, and free from symptoms of irritation. It is unnecessary to detail the subsequent history of the case from day to day; suffice it to say, that in four weeks the union was perfect, without the slightest irregularity in either of the bones to show where the seat of fracture had been. No provisional callus had been thrown out, yet the man was able to walk with the assistance of a stick at least ten days or a fortnight sooner than usual.

Facts like this must have come under the cognizance of most surgeons; but yet their application to the theory of the union of bone has been, until late years, imperfectly perceived. Such cases tend to show that the absence of a provisional or ensheathing callus is not only no evil, but that it tends in a direct and absolute manner to shorten the period which is required for union. There is a plain connexion between the amount of callus and the length of time required for consolidation. When from any cause the callus is considerable, recovery is retarded, and there is subsequent debility in proportion. The presence of callus is further injurious,—it is a direct cause of œdema in the limb, both by its mechanical obstruction to the vessels, and by its inducing a hyperemic condition in the neighborhood of the fracture: this hyperemia is prolonged until the vessels have removed the superfluous mass of bone. We consequently find that fractures which are hard to retain in position, such as Colles's or Pott's fractures, or fracture of the upper part of the humerus, are prone to be followed by long-continued œdema and weakness; and these are precisely the kinds of fracture that throw out callus in greatest abundance. It is evident, therefore, that the mode of union by provisional callus is not the typical and simplest form; and that where nature has recourse to it, it is not because it is the best possible, but because it is the best available, means of cure.

If we turn to the simple laws which regulate the union of divided soft parts, we shall find the clue to the explanation of the union of bone. When a solution takes place in the continuity of soft parts, repair is effected by the organization of a minute layer of plastic lymph which is poured out upon the divided surfaces. Should any

substance intervene, so as to prevent perfect apposition, it must be removed before union can take place. The organized lymph surrounds it on all sides; if it is capable of absorption the blood-vessels of the organized lymph remove it; if not, some of the plastic exudation is checked in its developement into cells, and is converted into pus, which floats it away.

The source of the plastic exudation deserves attention; the efforts of nature tend to close the mouths of the divided blood-vessels, and any exudation from them must partake largely of the nature of a foreign body; for though some parts of a coagulum may be organized, yet the greater part of it must be removed before that can be effected. The exudation is rather poured out by the walls of the capillaries, and is in proportion to the intensity of the reactionary inflammation: if it is excessive, it also impedes reunion, either by a reflex of pressure on the vessels which are its source, or by an imperfect organization. The latter condition gives rise to suppuration, the former to a structure of low vitality. I have remarked that, in proportion to the energy of all organizing movements, the plasma which is their seat is converted into nucleated cells, which become subsequently developed into fibres; and into the interstices of these fibres the neighboring capillaries are extended; while by delaying the process, in its early stages, a form of organization is produced, of lower vitality, because less capable of being permeated by blood-vessels; in it there are fewer areolæ, owing to an imperfect developement of fibres, and the tendency of such as are formed is to a rectilinear arrangement. The tissue forms the chief substance in the cicatrices of burns, and in other dense and imperfectly organized new structures.

The special organization of any new growth, whether healthy or diseased, appears to have one or other of these forms as its basis of starting-point; and a second process, either modelling, or of interstitial deposit, is necessary to stamp such growth with its individual peculiarities. Thus, for example, in cicatricial tissue, which connects divided muscle, whether it be areolar or indistinctly fibrous in the first instance, proper muscular tissue will be found after a long- or shorter time; it may be laid down without regularity at first, but, in course of time, it will assume somewhat of a normal arrangement, and this result will arrive sooner in proportion to the organization of the basis; it will be quicker in the areolar basis, and may never arrive in the fibrous; and in the intermediate forms will be found according as the areolar arrangements predominates. In like manner the yellow elastic tissue is found in old cicatrices of skin; and in all structures the same law of repair appears to hold.

I think it probable that similar laws ho'd morbid growths, or at least that we shall ultimately be able to refer them to similar fundamental principles. The union of fractured bone, whether perfect or imperfect, can certainly be explained by them. To take the

most perfect and rapid mode of union, such as should be the object of the surgeon to attain as far as possible in every case, we find the phenomena to be, generally speaking, as follows. The blood vessels of the bone and periosteum are ruptured; no displacement of the fracture occurs, so that their mouths are at once closed up; local reaction sets in rapidly, and the result of it is an effusion of plasma between the fragments from the vessels of the bone and periosteum; such molecules of bone as have lost their vitality from the fracture are removed by absorption, and the broken ends become by this means more vascular and soft. This process, which causes the ends of the broken bone to become apparently rounded, is active in proportion to the vascularity of the bone; it is in fact this preponderance of vascularity on the surfaces of a long bone (internal and external), that causes the edges to round off. The plastic fluid, which lies between the broken ends, is rapidly organized into granular nucleated cells; many of these cells become elongated into fibres, and into the interstices of the capillaries push on.

This organization of the interposed layer of lymph is effected in about ten days. According as the capillaries are formed, the cells and fibres in contact with their walls begin to be the seat of osseous deposit; the granules and fluid which they contain become saturated with the earthy constituents of bone, and, ultimately, their walls and muscles also. This process of ossification commences with the full development of the capillaries, and is completed in about a month from the time of fracture in the dense long bones of the adult. The time required is directly as the thickness of the bone, and inversely as the vascularity; the more vascular, the more rapidly the union is completed; the thicker the wall of bone, the longer time is required.

This is the primary process of union or cicatrization of bone under the most favorable circumstances. Even when perfect apposition is not obtained by reason of the interposition of small spicula of loose bone, or isolated fragments of muscle, or small coagula, the process is essentially the same; for substance like these are surrounded by the organized plasma, which unites the fracture round them, and, in course of time, removes them by absorption; so that they only partially interfere, and only for a time, with complete cicatrization. There is, however, a higher degree of organization, which consists in the subsequent modelling of the bony cicatrix development of canals, cancelli, osseous corpuscles, &c., such as exist in the rest of the bone. This is slowly effected, and in a manner which does not interfere with the usefulness of the limb. I have not made any observations which throw light upon the mode in which this is done, nor am I aware of any that have been made by others.

In compound fractures the process of union is conducted on similar principles. The only difference which I have observed is, that

there is a proneness to throw out exuberant granulations from the injured part. Like the flabby granulations of an ulcer, these consist largely of cells, with very few fibres intermixed; osseous granules are deposited in these cells and in the interstices of them; their deficiency in fibrous arrangement renders them less firm and efficient as a bond of union. If we are to judge by the analogy of the soft parts, and the mode of keeping flabby granulations in check, I suppose we must conclude that these cellular granulations have their origin from bone in the removal of pressure. We see a similar fungating condition of brain in hernia cerebri when the pressure of the bony case is removed; and we have also something analogous to it in another growth, which is chiefly cellular, namely, fungus hematodes, when the support of the integuments has been removed.

These granular cells, also, form the chief constituent of provisional callus, and probably for the same reason. It cannot be poured out unless where pressure is removed to a certain extent; or, in other words, where imperfect apposition of the fragments leaves a space for it. Even when from the violence of re-actionary inflammation much plasma is poured out round the bone, and into its medullary cavity, we have every reason to believe that this is absorbed without undergoing any organization, whenever proper apposition and support is given from the first. In very many cases early attention to these particulars prevents this excessive re-action.

This has a practical bearing on the treatment, for the fact of provisional callus being allowed to form, or forming in spite of us, delays the cure. The layer of plasma which lies between the fragments is not converted into bone until the provisional callus is ossified; so that the patient is often allowed to use his limb when the real process of union has only commenced, and a slight injury at that period will suffice to re-fracture the bone, or, more properly speaking, to fracture the callus; besides, this callus takes ten days or a fortnight longer to ossify than the thin layer between the fragments, when the latter exists alone. Hence patients feel less confidence in using their limbs. There is a plain feeling of impaired strength in the bone; the extra time of confinement to bed weakens their muscular powers, and the œdema which is kept up both from mechanical and vital causes, in such a limb, is a further reason why union by the help of provisional callus should be avoided if possible.

One of the first cases in which I used the starched apparatus of Seutin illustrated many of these remarks. Probably from the want of practice in its application, or from dread of applying it too tightly, I failed to procure union without ensheathing callus. The boy was two months before he could bear to lean any weight upon the limb; it was a good deal wasted, and in going about he fell and re-frac-

tured the bone; it was now put up with considerable care, when we found that the callus was soon absorbed, and union of a firm nature took place rapidly. In several other cases I used this apparatus and found the result exceedingly satisfactory. Fracture of the tibia, or of both bones of the leg, whether uncomplicated or comminuted, when put up immediately after the accident, knit firmly in less than four weeks; the perfect repose in which they are thus kept enables the process of direct cicatrization or union by the first intention, as it may be called, to be rapidly effected. In oblique fractures of the tibia, whether with lateral or antero-posterior obliquity, it is peculiarly useful. I have also used it in Pott's fracture with good results; even in this fracture I am able to allow the patients to get out of bed and go about with the foot in a sling upon the third or fourth day. It thus enables us to do what Mr. Amesbury proposed to effect with his portable splint, and with almost a certainty of success, and little trouble.

The ligamentous substance which forms the bond of union in cases of what are called false joint presents us with an example of arrested organization; and the various forms in which it is found, as well as the various means of cure, can all be explained by a reference to the laws of union in soft parts. The organization of the plasma may be delayed *in limine;* the fluid may then simply coagulate into what is called nucleated blastema,—a tissue, as I have before mentioned, with little or no cellular or fibrous arrangement, and comparatively devoid of vascularity. When a little more rapidly organized it becomes simply fibrous, the fibres running parallel. In short, every gradation is observed between the dimly granular basis of simply coagulated blastema and the perfect cellulo-fibrous or nucleated fibrous reticulated tissue. Ligamentous union of bone may exist in either of these conditions, or in any intermediate stage; and the success of any mode of cure will depend on its being adapted to the degree of organization. Where any amount of vascularity exists, successful union will be effected by removing the interruption to the further action of the vessels. It will suffice to place the limb perfecly at rest, and the blood-vessels will deposit osseous matter in the blastema which has been organized; even if the nucleated blastema forms the chief basis of the membrane, it becomes infiltrated, though slowly, with earthy matter, and a certain amount of local stimulation to the vessels will aid the process. If the connecting medium be very dense, and almost devoid of vessels or of organization, it will not be possible to convert it into bone, and the means of cure in that case will be such as will excite a new inflammatory action in the neighborhood, either by caustics or by incision; the process is, in fact, ulcerative absorption. It is to such cases of false joint that the section is applicable, and its occasional failure will probably be found to depend on its doing too much in cases where it is not applicable. The use

of ivory pegs, resection, and other plans of treatment of similar violence, are applicable to such cases. Fortunately, they are comparatively rare, and the simple adherence to perfect quiet is sufficient, in the great majority of cases, both to prevent the recurrence of this *contretemps*, and, if it does occur, to remedy it. I have found, as most surgeons probably have, that the simple starched bandage, strengthened, perhaps, with a little brown paper, will cure the greater number of ununited fractures. I have seen a dense ligamentous union of an oblique fracture of the tibia converted into bone, in six weeks, by this means alone.

The mode in which I apply the starched apparatus is nearly the same as that laid down by Baron Seutin. I have found it useful, however, to wet the bandages before rolling them; they lie more evenly, and with less strain at the edges, points of much importance where the slightest irregularity leads to œdema or vesication and pain.

Having protected all bony prominences with cotton-wool or soft tow, the wet roller is applied with perfect evenness to the limb, from its extremity to beyond the joint above the seat of fracture. The outer surface of this bandage is now smeared with starch; narrow splints of porous pasteboard, softened in boiling water, and smeared with starch, are applied at each side; and, if necessary, behind and in front of the limb, extending upwards as far as the bandage. The edges of these splints are kept at least an inch apart from each other; another roller is applied outside the splints, and its outside well starched; if necessary, temporary wooden splints, or sand-bags, are used to keep the limb in position until the case is dry. As soon as this takes place (in twenty-four or forty-eight hours), it is slit up with scissors or knife, upon a director, between two of the pasteboard splints. This admits of the limb being daily inspected, if needful, when it can be re-arranged by rolling a plain bandage outside, or by tapes attached to the case. If the case be too tight or too loose, it can be padded or pared accordingly. The evaporation which occurs during drying seems to keep down inflammation, as also does the even compression of the limb, and spasm is impossible. The casing is best applied as soon as possible after the injury. There is no question that perfect and immediate apposition of the fragments, with even support, prevents inflammation and excessive subcutaneous effusion; and if we wrap the limb well in cotton, and apply the bandages quite evenly, there is no danger of strangulating it. By leaving the nails uncovered, and pressing on them occasionally, we have a ready and unfailing evidence of the state of the circulation in the extremity. I have, however, never had occasion to relax the bandages before the case was dry, although I have repeatedly put up fractures in this way in a couple of hours after the accident occurred. Still, if the circulation appears impeded, or if the patient complains of pain, it will be safer to relax the apparatus than to run any risk of sloughing or gangrene.

Of the applicability of this mode of treatment in compound fracture I have had too limited an experience to speak with certainty; there is, however, no difficulty or danger in applying it when the fracture is such as will probably become simple by the union of the wound in the soft parts; and such a case it will aid in bringing about this result.

In fracture of the patella it is very useful, and it is only necessary to strengthen the *lateral* splints by a second layer of pasteboard. It is evident, of course, that the lateral splints prevent motion in the antero-posterior direction, and the anterior and posterior splints prevent lateral displacement. Inattention to this simple mechanical fact may lead to disappointment.—*Boston Medical & Surgical Journal.*

Miscellaneous.

Spigelia Jelly.—This elegant formula we find in the Annulaire de Therapeutique for 1855, taken from the Gazettee Med. de Liege. It is recommended by M. Bonnewin as the most agreeable form of administering this favorite anthelmintic. ℞. Pulv. spigelia, ʒviij., corsica moss, ʒiv.; boile l in 16 ounces of rain-water until it is reduced to 10 ounces. The decoction should then be decanted into a sauce-pan containing 2½ ounces of white sugar, and again boiled down, carefully stirring with a silver spoon, until 4 ounces of jelly are obtained. It then should be strained through a sieve into a jar containing two drops of the essence of citron or carraway. This jelly is a very active anthelmintic, and so agreeable that children will seek for it with avidity. If kept in a cool place, it will remain good for some time, and its flavor may be still more improved by substituting for the sugar, either the syrup of gooseberries or mulberries. —*Virginia Med. & Surg. Gazette.*

Males and Females.—The law of nature, fixing the numerical relation of the sexes, is an everlasting testimony against polygamy. The number of females born is slightly greater, about four per cent. than males but at twenty years of age they are nearly equal; at forty, there are more males than females; and at seventy they are nearly equal again. The mortality of females between ten and forty is very great, and probably too much increased by the confined and unnatural life they lead. After forty, their chances of long life are much better than men's, and the last census showed several hundred women in this country over 100 years old.

Prize Questions, for 1856.—*The Massachusetts Medical Society* offer a prize of *One Hundred Dollars* for the best dissertation on "The History and Statistics of Ovariotomy, and under what circumstances the operation may be considered safe and expedient." Dissertations to be directed to Dr. C. E. Ware, 6 Temple Place,

Boston, before the first Wednesday in April, 1856. The trustees of the *Fisk Prize Fund* offer a prize of *one hundred dollars* for the best dissertation on the question, "Does pregnancy accelerate or retard the development of the tubercle of the lungs, in persons predisposed to this disease?" Address S. A. Arnold, M. D., Providence.—*New York Medical Times.*

The Boylston Prize Committee offer one hundred and twenty dollars as a prize for the best essay on, 1st. "The nature and treatment of Asiatic Cholera," 2d, "What is the nature and treatment of aneurism by anastomosis?" Address John C. Warren, M. D., before the first Wednesday in April, 1856.—*Ibid*

An Honest Quack.—"An old man," said M. Renardt, on a recent occasion in the Academy of Medicine, "who was possessed of a panacea against rabies, proposed to me to try experiments with his remedy. As we approached a cage in which a decidedly rabid dog was confined, he rushed towards it and presented his arm to be bitten. I stopped him, not without difficulty, and while I was endeavoring to persuade him to give up his intention, this man made a sign to his own son to go and get bitten that he might try the remedy upon him. The son was in his turn prevented, and we then made the following experiment:—the foam of the mouth from this dog was inoculted into three sheep, two dogs, and two horses; the specific was given to one of the sheep, to one of the dogs, and to the two horses. As it happened the disease broke out in those very animals in which the remedy was used, while the remaining sheep and the dog which were not treated escaped. We may judge from this example to what a faulty conclusion we should have been led, if by chance, the contrary result had occurred."—*Edinburgh Medical Journal.*

Editorial.

☞ A pamphlet, of forty-eight pages, has been laid on our table, entitled, "*Discovery of the Cause, Nature, Cure and Prevention of Epidemic Cholera:* By M. S. Knap, M. D.,

We have had many essays on "the cause, nature, cure and prevention of cholera," since it made its appearanse in this country, and the real value of any or all of them consists in the amount of accurate observation made of the nature and phenomena of the disease. The theories and speculations with which they abound are trash that has become a nuisance from which we turn with disgust. Dr. Knap declares unblushingly, that he has discovered the *cause*, nature, *cure*, and the mode of preventing epidemic cholera. But

when we examine his paper, we find that his boasted discovery consists in a fancied resemblance, which no one else can see, of cholera to scorbutus. He contends that cholera and scurvy are one and the same disease. That the want of vegetable diet is alike the cause of cholera and scurvy. That a proper use of suculent vegetables will both cure and prevent cholera. It would be a waste of time and space for us to attempt to show the absurdity of this theory, for all who had the least opportunity of examining the phenomena of the two diseases will at once pronounce it fallacious.

We notice in the appendix to this paper, that the Doctor has also discovered that nursing sore mouth, cholera infantum, and yellow fever, are only modifications of scurvy. So we may infer that his theory is like the Irishman's gun; by bending a little it may be made to hit the whole circle of diseases.

☞ We have quite a number of subscribers that are in arrears for two years. To all such our bills will be sent in the present number, hoping that they will be promptly attended to. We can stand two years delinquency, but it is not reasonable to expect us to trust for an indefinite period. We expect to increase our expenses very much in improving and illustrating the next volume, and therefore, we must collect back dues to meet the outlay. *Those who have not paid for the last* TWO YEARS, *by the first of January next, will be stricken from our list, and their bills will then be collected by the shortest possible process.*

☞ We have examined some of the proof sheets of a new work, bearing the title of "*The Schools of Cincinnati and its vicinity,*" By John P. Foote: Bradly & Co, Publishers.

Cincinnati may be justly proud of her schools. It has been said by a distinguished writer, that her successful and rapid development is in a great measure owing to the early attention given by her citizens to the subject of education. No city of her age can boast of such a variety of stately edifices, and well conducted schools; and few older ones surpass her in this respect.

The work of Mr. Foote gives a history of these schools individually, from their earliest conception, to the present time.

It will be for sale in about ten days by the publishers.

☞ From the announcement of the Iowa Medical College, we learn, that R. Hills, M. D., the talented editor of the "Medical Counsellor," has been appointed Professor of obstetrics and diseases of women and children in that institution. May the rays of glory keep perpetually his path in science bright and beautiful before him; and may the golden stream of wealth never cease to flow into his pockets until he exclaims "enough."

SCENES IN THE PRACTICE OF A NEW YORK, SURGEON. BY EDWARD H. DIXON, M. D., has been received; for which the publishers, De Witt & Davenport, 160 and 162 Nassau street, N. Y., will please to accept our thanks. This work is a little out of the line of our reading, and for the want of time, it has not had as careful an examination as we would desire; but we have no doubt it will be found a captivating little volume to those who have leisure to read books that are not strictly professional. It is neatly gotten up and contains eight lithographic plates, illustrating scenes that are described in the work.

☞ The "*Dental Regitser*" edited by James Taylor, M. D., D. D. S. appears in an entirely new dress this issue. It is an excellent quarterly expositor of the progress of dental science, and often contains articles of interest to the medical profession. We wish for this journal continued prosperity, and cheerfully commend it to the notice of our readers.

☞ The essay read before the Hendricks County Medical Society, on the subject of "Epidemic Erysipelas," by J. N. G. will appear in our next number. We hope our friend J. will not become impatient with us for retaining his article so long, it has only been crowded out for want of room.

☞ We invite attention to the advertisments of Philips, Sampson & Co., publishers of 13 Winter street, Boston. The works they offer for sale, deserve a wide circulation. One of them, the papers of Dr. Hayward, has been noticed in a previous number of the Lancet.

☞ The Atlanta Medical and Surgical Journal, edited by Joseph P. Logan, M. D., and W. P. Westmoreland, M. D. has been received. It is published monthly at $3 per annum. We welcome it to our list of exchanges, and wish its editors a happy and prosperous future in their enterprise.

OBITUARY.

At a meeting of the Physicians, of the city of Springfield, held at the office of Drs. Rodgers & Buckingham, on Tuesday evening, Oct. 9th, 1855, Dr. J. Hendershott was called to the chair, and Dr. E. M. Buckingham appointed Secretary.

Dr. Rodgers stated the object of the meeting to be the taking of some suitable action, upon the loss sustained by the community and the Medical Profession, by the decease of Dr. B. GILLETT, and moved that the President and Secretary be a committee to draft suitable resolutions, and report the same to an adjourned meeting.

The meeting was adjourned till Wednesday, at 2½ o'clock P. M., when the following preamble and resolutions were reported and adopted:

WHEREAS, It has pleased the Great Disposer of events, in the order of his providence, to remove by the hand of death, our friend and brother, Dr. BERKLEY GILLETT, who, after a long and painful illness, which he sustained with exemplary firmness and patience, deceased on the morning of the 8th of Oct. 1855. Therefore, be it

Resolved, By the Physicians of the city of Springfield, that in the demise of Dr, GILLETT, the profession is called to deplore the loss of a most valuable member, in whose services he has been engaged for nearly forty years, and by whose remarkable assiduity perseverance and skill he has secured to himself a high, respectable position in the ranks of medicine.

Resolved, That we most cordially unite our testimony with that large portion of our citizens, in town and country, who have so largely enjoyed his professsional services and social intercourse, to those kindly feelings, to that benevolent heart, and noble disinterestedness of purpose, by which he was ever prompted to alleviate human suffering, whether by professional or other means.

Resolved, That we, his sorrowing friends and co-laborers in the profession, will unite in a body, in attending his remains to the place of interment, and will also do honor to his memory by wearing a badge of mourning on that selemn occasion.

Resolved, That the foreging resolutions be published in the several papers of the city—also, in the respective medical journals of the State, and that a copy be forwarded to the widow and family of the deceased.

J. HENDERSHOTT, *President.*

E. M. BUCKINGHAM, *Secretary,*

WESTERN LANCET.

EDITED BY T. WOOD, M. D.,

Professor of Anatomy in the Medical College of Ohio, and one of the Surgeons of the Commercial Hospital.

No. 12.] CINCINNATI, DECEMBER, 1855. [Vol. XVI.

Original Lectures, Essays and Communications.

Epidemic Erysipelas. A Dissertation read before the Hendricks County Medical Society, July 17, 1855. By Dr. J. N. GREEN.

Mr. President, and gentlemen of the Hendricks County Medical Society: I should be insensible to obligations of gratitude, and justly unworthy of an association with you, did I not keenly appreciate the honor of my appointment to prepare and read to this society, a disquisition on some one of the multiform subjects in practical medicine. And in making my *debut* among you, somewhat in the character of a teacher of medicine, may I not hope that the fact, that most of you are my seniors, as well in years as in the practice of the profession, will afford a just apology for the imperfections which you will doubtless note in my address. The reflection that it will in conjunction with the assurance that this is a fraternal association, composed of men of like tastes and proclivities of mind, of collaborators in the *ars medendi* encountering in common, the same unpleasant obstacles, and meeting with the same difficult, and sometimes, inexplicable subjects in their scientific investigations, emboldens me to presume on your indulgence.

After having said what I have, as a sort of *proem* to my subject, and which I have thought perhaps, not inappropi-

ate, I will, with as little circumlocution as seems to be compatible with its ambiguous, and as heretofore presented, discrepant character, enter upon its investigation.

I have selected as the subject of a dissertation, that of *Epidemic Erysipelas.* Not however, because of any special familiarty which I possess with its etiology, its pathology and therapeutical managment, not because I may hope to develope new truths relative to its nature and cure, or to arrange in a more rational and convenient manner than heretofore, the facts known of it, but because it is a disease in regard to which the profession needs further light. It is, therefore, to provoke investigation and inquiry on the subject, that I write.

Epidemic erysipelas is a terrible devastating disease, and has I fear, too little attracted the attention of our standard authorities and of pathologists generally, as very little satisfactory information relative to it is to be found either in our taxt books, or, so far as I have been able to obtain it, in the journals. And I am strongly impressed with the opinion that its pathology is not well understood, I am very certain it has never been clearly elucidated else there would not be such a caotic state of opinion as now prevails in regard to it.

In 1842 and 1843-4, the newspapers were filled with reports of a destructive pestilence which appeared in remote and unconnected portions of the country, which form one of its prominent symptoms, was known by the popular *sobriquet* of "black tongue." It prevailed in several of the New England States, in those of the West and Northwest, in several of the Southwestern States, and in the interior of Pennsylvania.

This popular black tongue, *alias* epidemic erysipelas, which was, as near as I can learn, its first appearance in so fatal a type in this country, soon attracted the attention of the profession, and several accounts of it were published in the different medical journals of the United States. These papers furnished the most minute and satisfactory practical informa-

tion relative to it, which can be obtained outside of clinical experience and investigation.

During the prevalence of this epidemic, as well as one which appeard some ten years subsequently, of which I have personal knowledge, the disease was of different grades of violence, being in some localities so mild that almost every one recovered, in others, so fatal that a large proportion of those attacked died. But what at first rendered it somewhat obscure and difficult to diognosticate, and consequently to treat successfully, was, that it did not uniformly put on the appearence of erysipelas as it had been wont to appear. We find by reference to the history of the disease as published at the time, that in some places most of the cases were of this character, in others but a small proportion; the affection of the skin being replaced by some internal inflammation, generally of the mucous or serous tissues, though sometimes of the parenchyma of the organs, especially of the lungs. But the external inflammation seems to have been the most common and characteristic symtom. Dr. George Sutton, of Aurora, Indiana, in a paper published in the *Western Lancet*, for November, 1843, says that puerperal fever was very prevalent at the same time, and in the same districts, and some cases are stated in which it appeared that the former disease had been produced by the latter, through the influence of contagion; while conversely, a slight prick of the finger of a physcian received in the *post mortem* examination of a female who had died of puerperal fever, became the starting point of an extensive and severe erysipelatous inflammation. Dr. Charles Hall, of Burlington, Vermont, and Dr. George Dexter of Lancaster, New-Hampshire, in papers published in the *American Medical and Surgical Journal* for January, 1844, coroborates the same point. But as I regard epidemic erysipelas as but a synonim of epidemic puerperal fever, and shall, in what I consider a more appropriate place, attempt to prove it, I will let this brief allusion to their identity suffice for the present.

Dr. Wood says "the disease often began with difficulty of swallowing, from inflammation of the fauces, and if otherwise angina was very apt to ensue. But the first general symptoms were feelings of lassitude, pain in the back, loins, extremities and head, nausea and retching, a frequent and depressed pulse, fœted breath, cold and contracted skin, shrunken features, anxiety of countenance, and rigors more or less severe and protracted."

It may be proper here to mention a phenomenon which seems to be peculiar to this disease, and which at the time attracted much attention. It was the character of the pains felt in the extremities and other parts of the body. They were often exceedingly severe, like those of neuralgia, darting from part to part. Sometimes they would start from a finger, or toe, or other parts of the extremities, and it was observed that the part thus affected was apt to become the seat of development of the subsequent inflammation, if any was developed externally.

This feature of the disease became so extensively known, that the more impressible portion of community, e specially nervous females, were panic stricken and horrified at the occurrence of trifling pains, and which would not under other circumstances have attracted their attention, for fear they were taking the *black tongue.*

These pains may indeed generally be regarded as portending much danger, as they most likely result from phlebitis, the extent and severity of which is indicated by the direction intensity and area of the pain. I would not be understood, however, to mean that it is only in the worst cases that we witness this state of things, or that all cases are free from danger when unaccompanied by acute pain. I am very far from this conclusion, for while I believe that phlebitis of some grade is constantly present in the disease, we may expect to find the most hopelessly fatal cases to be those in which the predisposing virus so far decomposes the blood and destroys its enervating influence as to render asthenic inflammation,

and consequently, acute pain impossible. The acuteness of the pain therefore, foreshadowing a higher state of vitality, and more localization of disease, other things being equal, presages a more favorable result than in the asthenic cases.

But as there is a strong supurative diathesis always present, we may safely anticipate the termination of the asthenic in the adynamic type, and treat it with reference to such a terminus.

Some may be disposed to conclude that the peculiar pains of which I have spoken, are not the result of phlebitis, but that they are simply neuralgia. But I would answer this objection by saying that the seat of the pain afterwards becoming the point of developement of the local inflammation, is cogent evidence that there is something more than simple neuralgia. For we very seldom find neuralgia, when uncomplicated, result in swelling, redness, vascular reaction, or any of the phenomena of ordinary inflammation. This when added to the evidence revealed by the microscopic knife, of purulent deposits in the veins, together with the fact that they follow the direction of some venous trunk, almost demonstrates the assumption that they are not nervous, but vascular.

A case of this character occured in my practice some four years since. The patient, aged 30, was taken ill on Sunday, with the premonitory symptoms of erysipelas, a chill of uncertain duration followed by febrile excitement, pain in the back, superior and inferior extremities, head ache, with distressing nausea and vomiting. The tongue was covered with a characteristic long white fir, which as the disease advanced changed to a brown, and finally almost black appearance. The pulse was very frequent, small and intermitting, the breathing hurried and somewhat oppressed, and countenance expressive of great anxiety and distress.

These symptoms though severe enough in themselves, one would think, were lost sight of by the patient, on the intervention of the most excrutiating pain, which took the direction of the femeral vein of the left thigh, and of the vena pro-

funda. It was so intensely severe as to render the patient wholly ungovernable. There was no muscular contraction, or as far as I could detect, swelling or redness.

I treated the case at first with antiphlogistics, and afterward with anodynes, with the use of counter irritants to the affected part. The sedative treatment was carried as far as thought admissible, in hope at least of palliating the suffering of the patient, but all to no purpose. The pain continued without the slightest perceptable mitigation to the period of insensibility. During all this time there was intense thirst and uncontrollable vomiting, and toward the close of the case, which terminated in death on the third day from the attack, the matter thrown from the stomach presented the appearance of disorganized blood.

Now what were the pathological conditions in this case? Was the pain neuralgia? or was it not rather the result of erysipelatous phlebitis, with the same specific inflammation of the stomach. As no post mortem examination was had, no positive demonstration of such a condition was possible, but the presumption is very strong that such was the case.

In the winter of 1850, and 1851, we were visited at Stilesville, with epedemic erysipelas, to which I have already casually adverted. And we were not alone scourged by its visit, for it prevailed extensively all over the State at that time. Some of our neighboring villages suffered more extensively than we did; not perhaps in the number sick, but in the amount of fatality. For while with us very few entirely escaped an attack of it, the relative number of fatal cases was small. In some of our neighboring towns the results were not so favorable, owing no doubt to the greater malignancy of the disease in those localities. For we would not arrogate any superiority in its treatment over our brethren in the practice.

It appeared about the first of December, in the form of "sore throat," as it was popularly named, and I was at first inclined to regard it as catarrhal angina, with rather more

than ordinary direction to the tonsils. But it was soon manifest that simple nor epidemic catarrh, could produce the extensive constitutional disturbance developed in the progress of the disease.

The anginose affection was present in a large proportion of the cases which I witnessed. It was frequently the first indication of morbid action noted by the patient, and was invariably succeeded by what the patient called chilly sensations, or a well defined rigor, of longer or shorter duration followed by pain in the back and head, superior and inferior extremities, nausea, with or without vomiting and thirst for cold liquids. These symptoms were accompanied by febrile excitement of more or less severity; in some cases so severe as to produce delirium, in others so slight as to require little attention.

The tongue was at first covered with a whitish fur, presenting an appearance which I think will not be found in any other disease, and is, therefore, as I have already said characteristic of this disease. It is not in the *color* of the fur that its peculiarity consists, but in its length and readiness to be broken down by passing the finger over it, adding at the same time a slight pressure. A little attention to this appearance of the tongue will enable any one to distinguish this from any other disease, though there may be no local manifestations of erysipelatous inflammation. I did not observe any other appearance about the tongue in this disease not found in others.

Although, as I have said, the affection of the throat was frequently the first in the series of morbid phenomena, it was not always the case. Sometimes the patient would complain for an indefinite number of days of inappetency, of langor and general indisposition, in his own parlance, of being "about half sick," when this state of things would suddenly be interrupted by a chill, with its almost constant successors of head ache, pain in the back and extremities, and arterial excitement, followed by inflammation of the tonsils,

from which the disease frequently spread to the contiguous parts, soft palate, larynx, trachea and in some cases to the bronchia. There was, however, no uniformity of intensity about the cases. Some were so light as to require but little medical attention of any kind, while others were of the most alarming character, and exposed the patient to imminent danger of suffocation from the swelling of the tonsils and glottis, and were only broken down by the most energetic and assidious administration of appropriate remedies.

But what rendered the treatment more embarassing than it would otherwise have been was when driven from one point, it would attack another. If dislodged from the surface, or fauces, it would not unfrequently enter the splanchnic cavities and fasten on the mucous membrane of the stomach and bowels, the peritoneum, the pleura, the meningies of the brain, and not unfrequently the parenchyma of the brain and lungs. Thus arresting life's current by subverting the functions of respiration and innervation one or both at a single blow. Snatching the victim from apparent vigor of health and exuberance of life, to the slumbers of lethe in a very brief period of time.

This is no fiction but stern matter of fact, and the physician who passes through an epidemic of this remarkable, dissolving, metastatic serpiginous disease, will realize its truthfullness, to his deep chagrin, if he is not composed of sterner material than falls to the lot of ordinary men.

When on the surface of the body, the disease generally began about the face, often in the nasal passages, and about the ear, from whence it spread over the face, scalp, the neck and shoulders, the arms and trunk, passing very frequently from head to foot, before its course could be intercepted. When it penetrated the sub-cutaneous, cellular and muscular tissue the parts were very much tumefied. Especially was this the case about the face, distorting the features so that one would scarcely identify his most intimate friend. I was called to see a

case under the care of Dr. Wall, whom I am sure I should not have recognized had I not known whom I was visiting.

The patient, a gentleman about forty, was insensible to passing events, but seated in a large rocking chair was laboring for breath. His face and scalp were immoderately swollen, also his neck, arms, and about one half of the superior portion of the trunk. There was great frequency of the pulse, subsultus tendinum, a dark dry and tremulous tongue, protruded with difficulty, and great inconvenience in swallowing. The case indeed presented every appearance of a hopeless one, yet he recovered, to the favorable disappointment of his physician.

The throat was first attacked in this case, from which the inflammation traveled through the posterior nares, and passing over the mucous membrane of the nasal passages, showed itself on the external nose, which was the first external point diseased.

The cases were not unfrequent in which the dermoid tissue was the almost exclusive seat of the inflammatory action as developed externally. It would begin at a given point, say the face, and pass over the entire surface of the body, without swelling, and with but a moderate degree of constitutional disturbance. I have treated several such cases as this. One I will mention which was of this character, with a single exception, and the exception gives to it all the interest which it possesses.

The subject was a boy about ten years old. He was attacked with erysipelas of the face which spread over the entire surface of the body, confining itself entirely to the skin, and last of all, the genital organs were attacked. The inflammation here panetrated the subcutaneous tissue of the penis and scrotum, in the latter of which it supurated, but after being opened it healed up kindly, without, I think, any injury of the testicles. The wonder is that they were not involved in the inflammation, and destroyed by the supurative process.

But my limits will not admit of the further enumeration of individual cases. I will, however, mention one case of traumatic erysipelas, which may be of sufficient importance to entitle it to a place here.

A young man age 22, who had sustained an injury of the foot by some casualty, was attacked with erysipelatous inflammation in the injured part, from which it extended to the inguinal glands and scrotum. The inflammation here terminated in supuration, and on being lanced, discharged large quantities of unhealthy pus. The disease did not stop here, but seemed to diffuse itself through almost every tissue in the organism. The whole man indeed, presenting little else than a mass of supuration. The eyes were not even exempt, they also, supurated, and the matter destroying their coatings, was discharged freely.

It is scarcely necessary to add that this case terminated fatally. I was called to it at a late date, and after all hope of recovery was dispaired of, and consequently my prescriptions were merely palliatives. It had been under the treatment of other physicians whose practice in the case had been confined to the antiphlogistic plan.

I might go on to individualize cases to almost any extent, as they presented every concievable aspect, from the simplest traumatic, to the most aggravated phlegmonous, and even grangrenous varieties, but the foregoing must suffice.

Having thus passed through an imperfect, and I am aware less succinct review of the phenomena of epidemic erysipelas as it has come under my own observation, and as it has heretofore been restricted, than is perhaps befitting a paper of this kind, I cannot forbear to express in this connection a belief in its identity with what has hitherto been called epidemic puerperal fever. And I propose here to adduce a collection of facts which I take to be a conclusive establishment of the assumption; a part of which facts have been noted in my own practice, and supported by the evidence of eminent authority, who, while they have given them different nosological positions, and

treated them as distinct diseases, furnish the strongest proof of their pathological identity.

They always exist conjointly in a community. It was the case in the epidemic which prevailed all over the country in 1850, and 1851. This I think the experience of every physician will sustain. And had it not been for their preconceptions derived from the books, the members of the profession would never have thought of making any distinction in the disease. So deeply penetrated were the public mind of their sameness, that in many places the parturient female discarded the physician whom she had been accustomed to employ for years, and called in at her accouchement the senile and imbecile midwife, from whom the practice had long retired, risking her life in the hands of the latter rather than the former, from whose approach she shrank as from the "king of terrors" himself, and all because the physician had been visting erysipelatous cases, and fearing least she should embibe it from him. The *enciente* female made no distinction in the disease, whilst physicians, with less candor, perchance and under the domination of the *verba magister*, insisted on their distinction.

Ramsbotham says that "numerous facts have been published which would lead to the belief that epidemic puerperal fever partakes largely of the nature of erysipelas. And, continues the author, "I am of the same opinion myself." The cases recorded by Ceely, of Aylesburry, and Ingleby, of Bermingham, are so strongly in point that it is almost impossible to withhold the conviction that there is a form of fever to which parturient women are liable, not only arising from the contagion of erysipelas, but in turn, also occasioning that disease in another person." He says further of the truth of which I am well convinced, "that the sporadic variety has no characteristic which could separate it from acute peritonitis occuring under other circumstances."

The metastatic character of the inflammation in epidemic peritonitis is a further corroboration of this position. The

author above quoted says, "he has seen the disease suddenly leave the peritoneum, and as suddenly attack the pleura, being translated from one serous membrane to another of the same character." This I think will never be found to be the case in sporadic peritonitis; and goes far to strengthen the position on which I set out, that the epidemic form is erysipelatous, between which and the sporadic, there is a specific difference.

Charles D. Meigs, in his invaluable work on diseases of women, says that "in the Pennsylvania Hospital where puerperal fever has been repeatedly prevalent, it has been noticed that numerous individuals laboring under wounds, whether from accident or surgical operations, have at the same period of time been laboring under erysipelas, and it has become a sort of custom of the house to fear an outbreak of puerperal fever at the same time that a remarkable rifeness of erysipelatous action is observed in the surgery."

Why fear an outbreak of puerperal fever at the same time that erysipelas is found in the surgery, if there is no connection between them? The fear was no doubt irresistable, and founded on the fact that one never existed without the other. This being true, the inference is easy and natural that they are identical in cause and essence, and that the virus of one will produce the other, which has been demonstrated as clearly as that the introduction of the matter of small pox into the circulation, will produce that disease in a second person.

"Out of 95 cases of puerperal fever which occurred in the practice of Dr. Butler, of Philadelphia, between the 6th of September, 1841, and the 6th of June, 1846, fifteen of the children born in the 95 births died of erysipelas, beginning at the umbilicus."

What physician has not witnessed similar facts; quite a number of such instances have come under my own observation.

To say that epidemic erysipelas prevails in a given locality, is to say that puerperal fever may be found there also; for such has been so constantly the case as to amount to a rule, and the failures, if any, are the exception. And if the mother has puerperal fever, the child, if living, will most likely have traumatic erysipelas. Not so likely, I think, because it may have imbibed it by *infection*, as because its blood contained a poison derived from the mother, well calculated to produce it in the wounded umbilicus. And if the blood of the mother contains the elements of erysipelatous development in the neonatus, may we not reasonably imagine that she is imminently exposed to traumatic erysipelas, from the lesions incident to parturition? The uterus, from the recent separation of the placenta, "presenting a striking analogy to the stump of an amputated limb," and the peritoneum and soft parts contused by the contractions of the abdominal muscles and passage of the child.

Such being the condition of the uterine system and its contiguous tissues, at confinement, need we wonder at the facility with which traumatic erysipelas is developed in them, especially in constitutions saturated with its predisposing cause? If, in such constitutions, wounds of the extremities and other parts are wont to take on erysipelatous inflammation, it is but reasonably inferential that such results will follow lesions of the uterine system.

The most unequivocal confirmation of the identity of erysipelas and puerperal fever, which I remember to have seen in any standard authority, may be found in the work of Dr. Druitt. He declares that the "simple or cutaneous, and the phlegmonous or celulo-cutaneous erysipelas, and puerperal fever," are of the same character. And Dr. Ferguson, as quoted by Druitt, says that "the infection of either of these diseases may produce the other."

Were it necessary, I might further strengthen this point by requisitions on additional authority, an abundance of which is not wanting; but I consider it unnecessary. The

fact that the virus of puerperal fever will produce erysipelas, and *vice versa*, their semiology, the diffusive and uncircumscribed character of the inflammation and unhealthy pyogenic deposits, I take to be a complete confirmation of their identity.

PREDISPOSING CAUSE.—This is no doubt atmospheric; that is to say, it exists in the atmosphere as a foreign agent. Being imponderable, and therefore not amenable to the laws of analytical chemistry and microscopic investigation, its combinations are not known, otherwise its destructive influence might be obviated. I am not aware that it is modified by any barometrical, hygrometrical, or thermometrical conditions or changes of the atmosphere. All we can say of it is, that it is incognoscible and recondite. All beyond is a *terra incognitia*, into which the ken of human vision never has and may never penetrate.

CONTAGION.—That it is *infectious*, or that the purulent discharges of erysipelatous patients, introduced into the circulation, will produce the disease in a second person, I suppose none will deny. But that it may be produced by inhaling the breath, or exhalations from the sick, I have seen nothing in my practice to sustain; and I have yet to be convinced that such is the case. I esteem the danger, therefore, of the accoucheur coveying the disease from one to another, in the discharge of his obstetrical duties, very slight; unless he goes, as the Disciples of old, to eat "with unwashed hands."

PATHOLOGY.—Epidemic Erysipelas is evidently a pyogenic disease. A disease primarily of the blood, and accompanied in a large proportion of, if not every case, with phlebitis, in some stage.

This may be thought an insupportable position; but I venture the declaration, and let him who is astute enough disprove it.

In all abnormal conditions of the system, there must be some primary morbid impression produced somewhere. The production of a pathological condition, implies a morbific agent, which, without diseased action, cannot exist. And this morbific

agent must be generated within the system, through the agency of hereditary taint, the retention of noxious excrementitious matter, unwholesome ingesta; or it must be foreign, and imbibed into the system through some of the external avenues to the circulation. And I believe it is an admitted fact that epidemic diseases, as the one under consideration, are produced by something in the atmosphere. But its nature is not known, and anything relative to it is merely conjectural. It is sufficient for our present purpose to know that it is atmospheric.

Supposing this to be admitted, the question arises, how and where does it produce the first abnormal impression? I answer, by being inhaled into the lungs, commingling with and upon the blood.

What is the blood? Is it not endowed with life? Does it not furnish the pabulum of life, health and growth to all the tissues? Are not its red corpucles living cells, and like other living cells, endowed with the power of secretion? Are they not charged with a vital as well as an organic function? May not the individual elements of the blood be diseased, *per se*. Being organized, I can see no good reason why they may not be; but, on the contrary, we have the strongest analogical reasons for believing they may. Facts, also, sustain our conclusion.

It has been well established that the blood-discs, in a low state of vitality, are sometimes dissolved and otherwise changed in form. And the frequent detection of *pus* in the blood, under such circumstances, authorizes a strong presumtion that it is the result of the supurative process in the blood. And, I think the deduction a legitimate one, that future experiments may show that it is amenable to inflammation and supuration as found in the solids.

I am well convinced, also, that it may be functionally diseased, further than a mere irregularity in its distribution. I mean that the same amount of blood as found in health, and of a healthy crasis, may be so far modified by the action of morbid or other poisons, as to deprive it of its normal stimu-

lating influence on the tissues. And to this cause may be attributed the rapid prostration, softening and decomposition which take place in some of our most malignant diseases, produced by epidemic causes, in the category of which is erysipelas.

I maintain, therefore, that the subtle poison giving rise to the disease makes its first impression on the blood, giving to it a strong septic tendency, and that the disease thus produced in the blood, by proximity, lights up inflammation in the lining of the containing vessels. But we must not expect this inflammation to be of any certain intensity, neither are we to look for its general diffusion in every case. But in those parts most vascular, enfeebled by previous disease, suffering from actual lesions, or predisposed by hereditary transmission.

Taking this view of its pathology, we have a rational solution of the nature and contradictory phenomena of the disease. We may thus understand, that what has been supposed to be the transmission of the disease by contagion, was but the result of a morbific germ already in the circulation, and easily developed by the slightest exciting cause. The accouche may learn hereby, that the erysipelas which she supposed she "caught from the Doctor," was but the result of an erysipelatous condition of her blood, locally manifest by the throes and lesions of parturition.

If I were unsustained in the foregoing views, I should have less confidence in their correctness than I have. But the position is corroborated by the highest authority.

Watson declares that erysipelas is incident to what he calls "purulent infection of the blood." Druitt, from whom I have already quoted, says, "it is allied to the supurative diathesis." Williams says, that the "supurative diathesis is favored by the direct operation of some morbid poison, such as erysipelas." "But," he continues, "the most efficient cause of the supurative diathesis is the abundant presence of pus itself in the blood, (*pyema,*) as in the case of phlebitis,

and diffuse suppuration." He argues that in such cases there is good ground to suppose that "some of the granular corpuscles are converted into pus globules within as well as without the vessels." And thinks it "quite intelligible that pus, either in part or in the circulation at large, may act in the mode of a chemical ferment, promoting the formation of more, and tending to degrade the plasma of the blood from that organizable condition in which it is capable of repairing breches and sustaining the nourishment of the body."

M. Tonnelle tells us, in 222 cases of puerperal fever, pus was found in the uterine veins in 90 cases; in 32 it was found in the lymphatics; and in 3 it was found in the thoracic duct; with inflammation and supuration in the inguinal glands in 9 instances; making 134.

Thus we see that pus was found in the uterine veins in over half the cases, showing the unquestionable presence of phlebitis. And the irregular diffusion of pus in the adjacent parts, proves the inflammation to have been of the diffusive, erysipelatous character.

From the preceding facts I am led to the following conclusions:

First. That epidemic erysipelas and puerperal fever are the same. Second. That pus is almost constantly found in the veins, confined to a certain locality which may have been the seat of local inflammation, or more generally diffused through the circulation. Third. That the pus thus found is formed within the veins, from the exudation corpuscles, the inflamed lining of the vessels, or both conjointly. Fourth. That there is always a great depravity of the blood in the disease, it sometimes falling even below the supurative standard, in the rapidly fatal cases. And in these exceptional cases we may find no pyogenic matter after death. Fifth. That there is a diseased condition of the red corpuscles, shown by their deficiency in number and change of shape, and a consequent deficiency and unhealthy condition of fibrine, the red corpuscles most likely secreting the element of the blood. The loss

of fibrine may be owing, however, to some extent, to the solvent power of the pus mingled with it. Sixth. That *oxygen* very much modifies and neutralizes the *materis morbis* which produces the primary morbid impression on the blood. I am led to this conclusion from the absence of inflammation in the arteries, and knowing that the arterial contains more oxygen than the veinous blood.

Such being, as I understand it, the pathology of the disease, we readily see that all are exposed to its attack during an epidemic constitution of the air; imparting to the blood the germ, which, if not counteracted by some antagonistic force, favors its development. Yet all do not take it; some because of more elasticity of constitution and natural capacity to resist morbific influences, others because of more healthy locations, purer air—air containing more oxygen. Others, again, are exempt, owing to better hygienic regulations.

But those enfeebled by disease, living in unhealthy localities, subsisting on unwholesome diet, or suffering from wounds, —either accidental or surgical—are easy victims of the disease.

Yet above all, the accouche, for reasons which I have already assigned, has reasons to deplore the period of her accouchement, as she is then exposed to the worst variety of the disease known to the profession. But so far from discarding her physician on such occasions, she should call him a month previous, at times when puerperal fever is rife; so that, by rejuvinating her blood and sustaining her general health, he may fortify her against danger at confinement.

TREATMENT.—In the treatment of the disease the following indications are to be met, viz.: To break down the febrile excitement, to overcome the local inflammation, to sustain the flagging vital powers, and to remove the cause of the disease by restoring to the blood its loss of red corpucles and fibrine, and as far as possible neutralizing the veins which functionally oppresses it.

In fulfilling these indications, a just discrimination must be made to meet the varying phenomena which the disease may

assume. We should enquire into the state of the vital powers; the peculiar natural predispositions of the patient; the healthy or unhealthy locality in which he may live; manner of life, whether sedentary or active; the kind of ingesta he may have been accustomed to use; and whether intemperate in alcoholic potations. For, as I have said, some of the cases will be found so mild as to require little medical attention of any kind, and as to induce the physician to forego any prescription, and leave the case to the *vis conservatrix* to accomplish a restoration to health, were it not for the apprehension of danger awakened in the popular mind by the prevailing epidemic; others, again, may give promise of a speedy and favorable result, but from some one, or a combination of the causes named, assume the most malignant type, and run on, if not checked, to a fatal result. And the attending physician can rationally judge of the probability of such result, only by knowing the state of the constitution, which is always modified by any of the enumerated causes.

Much discrepancy of opinion has hitherto prevailed among the members of the profession, in regard to the most appropriate means of controling the heart's action and reducing the pulse below an inflammatory standard, and avoid converting the case, which may be one at first of an active sthenic character, into one of an adynamic type.

Some have strongly insisted on the importance of blood-letting to accomplish this object, whilst others have stamped it with unqualified disapprobation. This difference of opinion is quite likely, owing to the want of a correct discrimination in the use of the lance. For although fully convinced of the usefulness of blood-letting in some cases, I think the utmost care should be observed in its use. Erysipelatous patients, I imagine, are in more danger from *bad* blood than a redundancy of it. Yet, I am not unconscious cases do occur in which bleeding is not only admissable but absolutely indispensable. Such cases are those in which the meningies of the brain, pleura, or peretoneum, are implicated in the inflammatory action.

But especially in the latter case should we be penetrated with the urgent and imperative necessity of energetic and sedulously guarded venesection. Here the alternative is prompt and efficient action, or the loss of the patient. Delay is death. And I believe early and free bleeding to be the only reliable remedy to arrest the rapid and fatal disorganization which erysipelatous inflammation of the peritoneum sets on foot. But experience and skill can only dictate to what extent it may be carried. A few ounces too much may be just as disastrous to life as none at all.

I have been accustomed to treat the disease, as developed in the throat, by cauterizing the tonsils and contiguous parts with nitrate of silver in substance, and blistering the throat externally, although I regard blisters in erysipelas as of doubtful utility. I have not found it necessary to continue the use of the nitrate of silver more than three or four days, the affection giving way in that time sufficiently to dispense with its use. It may be used once or twice daily, as indicated by the severity of the case. The bowels should be kept open with saline laxatives.

This course, aided by general remedies, such as tartrate of antimony, spirits of nitre, and wine of ipicac, with an occasional dovers powder to quiet the nervous irritability, is about all the treatment which I have found it necessary to use during the active stage of this variety of the disease. I have never used calomel, neither have I thought it profitable to extract blood in such cases.

But it not unfrequently happens that after the local inflammation has given way, and the sthenic excitement subsided, that the case falls into a low adynamic type, with profuse sweating, black or dark brown tongue, black sordes around the teeth, delirium more or less severe; with small, frequent pulse, and great prostration, indicating the presence of pus in the blood; the blood is disorganizing, and all the vital functions are giving way.

This character, which the disease is likely to assume, gives

to it its chief interest; for until it takes on this unfavorable appearance it is entirely manageable; but, after which, the best appointed means will fail frequently.

My treatment in such cases is quinine, iodine of potasium, syrup of iodine of iron, opium, oil of turpentine and nitric acid, with, occasionally, strychnine, if there be great nervous prostration. These remedies may be alternated as the exigencies of the particular case may seem to require, assisted with animal broths, well salted, to support the tissues and restore to the blood, as far as possible, its deficit of red corpuscles and fibrine.

If the tegumentary system is attacked, I rely on topical remedies no farther than to arrest the cutaneous inflammation, and for this purpose I depend on nitrate of silver and tinct. of iodine. In some cases the tinct. of iodine answers a better purpose than the nitrate, in others the nitrate of silver is preferable. They, or one of them, may be used three or four times daily, following up the inflammation as it extends until it is overcome.

Dr. Preston and Dr. Mathews speak highly of the use of tobacco, the former of whom depends on it in all the varieties of the disease. I have never used it, but think it may have a good effect.

Should the brain or pleura be assaulted, the patient should be bled freely, at once, so as to produce a permanent impression at one bleeding, without the necessity of a repetition of the lance. The bowels should be kept in a liquid condition with saline laxatives. I prefer for this purpose the tartrate of soda and potash. In addition to these remedies, if the brain be the seat of the disease, ice cold water should be freely and constantly applied to the head; if the pleura, benefit may result from blistering. And, in both cases, after free bleeding, the heart should be controlled by some agent, which at the same time will excite the cutaneous exhalation; and for this purpose Narwood's tinct. veratrum viride is admirably adapted. Indeed, it promises to consign to inferiority every

other agent known to the materia medica, for controling the action of the heart. And I am not sure it may not subserve all the purposes of venesection, except in those cases where there is too much blood, even for health. It is truly an invaluable acquisition to our list of curative agents.

In the treatment of that variety of the disease known as puerperal fever, I have rather a limited experience, never having discharged the unpleasant duty of prescribing for it in a single patient with whom I have been present at confinement. I have, however, been called to several cases, assisted in parturition by Midwives, and in consultation with other practitioners: but, as I entertain no doubt of its erysipelatous character, I have and shall continue to govern my practice accordingly.

As erysipelatous inflammation of the peritoneum, the uterus and its appendages, in puerperal patients, from the peculiarly impressible condition of the accouche—more frequently than elsewhere and in other subjects—results in death, the practice in such cases, to be successful, must begin with the first inception of the disease, and be energetically and carefully conducted.

If the onslaught be not so irrisistible as to produce almost immediate softening and decomposition, we may, by a prompt and copious bleeding, assisted by the application to the abdomen of three or four folds of flannel, wrung out of warm water strongly impregnated with tinct. of iodine, prevent suparation or effusion, and save our patient.

But the injunction given to Judas, of "what thou doest do quickly," did not apply with more force to him than in this case. A few hours delay may place the case out of the reach of medicine, and consign the unfortunate victim to the tomb.

After a free bleeding at the onset, the pulse should be kept in control by the tinct. of veratrum viride. No certain rule can be given for its administration. The physician at the bed-side can only judge of the extent to which it may be carried. The fomentations should be continued, changing them

every three or four hours, until the tenderness and tympanitis of the abdomen give way. In conjunction with the above treatment, the patient should be put on the use of the protodide of mercury. It should be given in half grain dozes, combined with double the quantity of extract of hyoscyamus, as often as every three hours, and persisted in until its specific effects are manifest, or until the disease gives way.

This is the only form in which I have ever used mercury in epidemic erysipelas, and I regard the combination as peculiarly adapted to its cure. Some practitioners, who are always haunted with a *liver idea*, insist on the free use of calomel, in this, as well as every variety of the epidemic form of erysipelas.

As an alterative and depurating agent, in the less active stage, I have used the iodide of potassium with much benefit. It may be given in from ten to twenty grain dozes, three or four times daily, in some alterane mixture, as hop tea or compound syrup of sarsaparilla. But it must not be given at the same time as the protiodide of mercury, as it converts it into biniodide and metallic mercury.

Blistering is warmly advocated by some practitioners, but I regard blister in this variety of the disease as prejudicial rather than useful. They are too perturbing, and are sometimes difficult to heal.

I control diarrhœa, if present, with a turpentine emulsion and opium, giving them alternately at intervals of from three to four hours. But if the bowels are constipated they should be kept open by salt and water injections.

The active stage having subsided, should the case fall into a low typhoid condition, which we may anticipate in this as well as every variety of epidemic erysipelas, the patient should use some one or all of the tonics which I have named, as they may be demanded. The iodide of potassium is especially valuable, because of its action on the kidneys, eliminating from the system any morbific agents which may be thus depurated out of it. Nitric acid, in addition to its tonic

virtues, is further useful in exciting the action of the glandular system generally. And from the large amount of oxygen which it contains in loose combination, it imparts to the blood the power of resisting the depressing cause of the disease, and gives to it an additional stimulating influence over the nervous system.

The patient should be supported, through every variety and stage of the disease, by nutritious diet, with an eye all the while to prostration.

After convalescence is established, owing to the enfeebled condition of the blood and imperfect digestion, recovery is frequently very slow. To obviate this difficulty and secure a more speedy cure, great benefit will result from the nutrient properties of cod liver oil. A table-spoonful should be given three times daily, to an adult. Should it not be retained by the stomach, it may be discontinued for a time, and its place supplied by some suitable tonic to improve digestion. This treatment will, as far as medicine will do it, facilitate recovery.

Ovariotomy, successful. By JOHN G. T. HOLSTON, A. M., M. D., of Zanesville, Ohio.

Miss Smitley of this county æt 27, sanguine temperament had measles in her 16th year, soon after her first menstruation, recollects nothing unusual about that attack, and has had no particular disease since, till about three years ago, when she observed a considerable increase in the size of her abdomen, accompanied with transient pains in the loins, above the pubis. At first the swelling was variable, but soon remained permanent, and then the pain ceased. Her appetite continued good, defecation and menstruation regular, and nothing but the increasing size of her abdomen and the weariness of carrying her heavy burden, caused her to recognize any

deviation from health; this was so much more intolerable as her shape (she was single,) often subjected her to unpleasant surmises, which had finally compelled her almost to confine herself to home. She had consulted several physicians and been treated by diuretics but with little or no effect. Sometime last summer I saw the patient, recognized ovarian tumor and advised its extirpation, which however, for that time was defered.

Oct. 9th. The patient came to the city with full determination to be cured or die. On examination the abdomen was tense, and imparting a sense of fluctuation, like common dropsy, yet differing in so far that the fluid was evidently in a cyst within the abdomen, and could be lifted in mass. Vaginal exploration proved that canal and the cervix uteri all correct, the introduction of Simpson's sound found the cavity of the uterus empty and that viscus somewhat enlarged, the sound passing 2½ inches. The uterus was more moveable to the right than to the left, the hymen unbroken—her general health good—mind cheerful and perfectly reconciled to any event. Having datermined to operate, she was directed to take a moderate dose of epsom salts on the evening of the 11th, which operated mildly next morning, she was allowed a slight breakfast on the morning of the 12th, and no dinner, so as to avoid one source of danger from the chloroform, namely vomiting, as well as to secure an empty state of the intestinal tube.

P. M. the room was carefully heated up to 80° Fahrenheit, without cutting off ventilation, the patient was dressed for the operation in night-gown and chemise rolled up, a napkin around the pubis, and her lower limbs encased in drawers. At 2½ P. M., she placed *herself* upon her back on the operating table (a common dining-table covered with a quilt) her knees slightly drawn up, her feet resting upon the edge of the bed. Chloroform was now administered and after a slight stage of excitement, total insensibility ensued that continued

to a great degree all the afternoon. The incision was made through the linea alba, from about 1 inch below the umbilicus to 1½ inch above the pubis 7 to 8 inches in length. No adhesions were found on the anterior aspect of the tumor, which appeared evidently filled with fluid, of which a trocar drew off about two gallons, the appearance of black coffee, but quite fluid and exhaling a soup-like odor. A ligature had previously been passed through the walls of the cyst and by strong traction the whole of it was brought out of the abdomen, the assistants applying sponges wrung out of warm water on each side. It proved to be the left ovary the pedicle consisting of the broad ligament and fallopian tube, whose fimbriated extremity as large as the hand, was spread over the tumor, apparently holding it in its grasp. A needle armed with a double ligature was passed twice through this pedicle, the ligatures firmly tied on each side and by a stroke of the scalpel the whole mass was removed. Not 4 ounces of blood was lost in the operation, beside what the tumor contained, and no part of the viscera was visibly exposed, except the left side of the uterus, when the ligatures were tied, as the abdomnial parietes were closed by the sponges in proportion as the tumor was withdrawn. The wound itself at once contracted to about 4 inches in length. Two harelip sutures were introduced with adhesive strips between them and a coating of collodion over all, closing the wound hermetically except at the lower extremity, where the ligature was left hanging out—the dressing was completed by a compress of flannel and a broad bandage of the same material. Her clothes were arranged, she was placed in bed and every vestige of the operation removed before the chloroform was finally withdrawn, she having been about one hour under its direct influence.

I was in the operation most carefully and skillfully assisted by Drs. Day and Dillon, and Mr. Croes, (medical student,) all of this city.

Before its removal the tumor presented a tense surface of a bluish silvery luster, everywhere covered with large veins,

some the size of a finger, which after its removal disgorged themselves, leaving the cyst after washing of a pure white, tough as wet sole leather, and about the thickness of that substance. It strikingly resembled in appearance and size a calf's stomach, prepared for rennet. In its interior surface there was in spots an accumulation of brown pigment in portions of the surface slightly rasing and having the appearance of being the source of the coffee colored fluid within, which I regret was thrown away before it could be analyzed.

The whole tumor weighed 26 pounds, of which the cyst was 2¾, the fluid contents 23¼ pounds, the cyst might have contained a pint of blood.

AFTER TREATMENT.—Becoming conscious soon after being placed in bed, though her memory retained nothing anterior to 8 o'clock P. M., she complained of pain in the side, her countenance was haggard, pulse 140, scarcely perceptible. Ordered brandy and water to be given occasionally and one tea spoonfull of paregoric elixir to be repeated should the pain require it. 8 P. M. has taken two or three table spoons full of brandy with two tea spoonsfull of the elixir—is easy, conscious and sensible, of cheerful countenance, and full of bright hopes for the future, as well as thankfulness for the past, no recollection of suffering, pulse reduced to 104, soft, has vomited a little.

13th. 9 o'clock A. M. slept well, pulse 104, soft, skin cool, tongue moist, no pain, no appetite, no motion from the bowels but has urinated freely, inclined to be thirsty. Ordered Spt. Nit. dulcs. 1 tea spoonfull occasionally. Vomited a little.

14th. 8 o'clock A. M. Has slept well. Pulse 104, soft, tongue moist, has urinated well, no appetite, little or no thirst—free from pain and very cheerfull. 12 M. has been visited by her parents and numerous other friends,—greatly excited. Pulse 130, somewhat hard—violent pain in the side, of a throbbing and bearing down character, face flushed and tongue, brown in center. Bled to approaching faintness and

ordered 1 tea spoonfull of paregoric elixir of opium to be epeated p. r. n.

Evening. In a light perspiration, pain gone, thirst also, has some appetite and is quite cheerfull, complains of nothing but an unpleasant taste which indeed never left her till the ligature came away.

15th. Quite comfortable.

16th. Dressed the wound—on removing the pins found union by first intention had taken place throughout the wound, except the lower ½ inch where the ligature passed out, from whence issued laudable pus in small quantity. Dressed with cerate and reapplied compress and bandage.

The case progressed from this forward, without the sightest unpleasant symptoms, the treatment consisting merely in daily dressing the slightly discharging wound, gradually lowering the temperature of the room and improving her diet as her appetite increased. She had the first motion from the bowels on the sixth day after the operation, after taking six cathartic pills, and remained regular afterward, having a motion daily. I deemed it of the highest importance, not to have her bowels acting sooner. She commenced sitting up the 20th, 8 days after the operation. The ligature came away on the 17th day, the wound entirely closed the next day and on the 31st of October she left for home fifteen miles off, in vigorous health and exuberant spirits.

Proceedings of Societies.

Proceedings of the Belmont County Society. Reported by H. West, M. D., Secretary. Oct. 19, 1855.

At a regular meeting of the "Belmont Medical Society," held yesterday, President McConahey read a paper, entitled, "*Man's Physical Condition with respect to Hereditary Diseases.*"

The principal topic discussed by the writer was Scrofula. He thinks the excessive use of spiritous liquors, tobacco, tea, coffee, and other animal excesses, may have effect in causing the development of scrofula, and producing so much effeminancy of constitution in these latter days of indulgence. But the great and principal cause, in the opinion of the author, is the use of so much *hog meat.* He says it is a disease of the *hog*, and from him the name is derived. He has had the subject under investigation for a long time, and examined the glands, lungs and bowels of a great many hogs, and says, without any hesitation, that not one in one hundred but what is more or less diseased with scrofula in some form and in some of its organs.

He thinks he never saw a sound liver come from a hog over 18 months old. He has compared the matter taken from the hog with that taken from the sore of a scrofulous person, and found them in all cases identical.

He has not tasted pork in any form for twenty years, and intends to investigate this subject fully; and if there is anything in it he will be entitled to the gratitude of the suffering multitude and at least to originality.

Dr. Affleck thought the author's notions quite erroneous. No young animal looked better and appeared in better health than a lot of young pigs subsisting on the mother, and generally would fatten quicker than most other animals.

Dr. McConahey admitted a pig would fatten quick and look well;" but look," says the Dr., " at the fat slick child of the scrofulous mother, but at the same time it is very unhealthy, and in a few years at most the glands begin to enlarge, or some other symptom of the disease appears; and very soon we find the fat baby become poor, thin and emaciated."

Dr. Gaston thinks the author overrates his estimate of this disease, and has no idea that the scrofula is so common as stated by Dr. M.

Dr. West thought if the matters set forth by the paper just read were facts, it was not to be wondered at that the

Divine law so strictly prohibited the use of swine flesh or rather unclean animals; and the command to Peter "to rise, kill and eat," repeated three times, did not mean that Peter should eat the flesh of the hog, but was used in a metaphorical sense, in relation to bringing the Gentiles into the church. However, he has no doubt but we are a grease-eating people, and destroy ourselves by eating too much swine flesh.

Dr. Gaston thinks the theory of the gentleman is at variance with that in which lard oil is recommended for the cure of consumption and other kindred diseases. Some of our best Physicians—Dr. Hooker for instance—uses the lard oil in preference to the cod liver, and thinks it equally as good and perhaps better.

Dr. Gaston reported a case of "*chronic ulcer of the skin.*" The Dr. describes his patient as having suffered for a long time, and as looking, when first consulted, like "distress personified." He had heretofore consulted many other Physicians, without benefit. He first used some alterative and anodynes, as follows:

℞ Calomel gr. ij
Pul. ant. gr. iv
Opium gr. i.

Mix., one to be taken twice a day. This was continued until slight ptyalism; bowels to be kept open by saline cathartics. As a local remedy he used a strong solution of nitrate of silver, in the proportion of ℈ ij to the ʒ i water. After using the wash, he prepared the "Black Lint," as prepared by Dr. Higginbottom, thus:

℞ Nit. Silver ʒ ij
Water ʒ iv

Mix, and saturate cotton with it, and then expose to a moderate heat until dry; fill the ulcer with it and bind fast. Two or three applications of this caused the parts to slough, and very soon the woman's leg commenced healing and got quite well.

Dr. Affleck reported a case of sore shin in an Indian, which he cured by the application of sul. copper, filling the entire ulcer. It caused great pain: but a deep slough occurred, and it healed up sound. One application sufficed.

Dr. Gaston thinks opium one of the great remedies for such ulcers.

Dr. McConahey reported a case of chronic hydrocele, of ten years standing, with thickening of the tunics of the scrotum. Treated by establishing an issue. The case is doing well.

This section of the country, during the present year, has presented nothing unusual as far as health is concerned. Up to about the middle of May, from the first of February, a considerable amount of scarlet and catarrhal fevers prevailed. South of this place, from 4 to 7 miles, the scarlet prevailed very generally, and in some cases fatally. After May, all through this county, an unusual degree of health existed. No epidemic diseases of any kind prevailed up to about the middle of August, about which time the dysentery commenced in the west of the county, and for a time was quite prevalent and fatal. Of the course of treatment I am not advised. But few cases occurred here or in this vicinity, and were very manageable. The plan pursued was generally a purgative potion of calomel combined with opium, followed by a potion of castor oil. Some preferred saline cathartics, as salts and magnesia, after which astringents and opium were depended upon. The following, I think, has succeeded as well as anything I have tried:

℞ Pul. kino opt. gr. ij
" Opium gr. i
Hyd. C Creta gr. ij

Mix. One to be given from 3 to 4 hours, as the case appeared to require.

Typhoid Fever has become quite a common complaint throughout this section, and I suppose about the same in extent and degree as in other parts. I think, as far as observations have extended, it observes no season or condition: we

have it here in the coldest winter and the hottest summer. The Spring season, from March up to May inclusive, may be a little more exempt. It usually commences with a degree of lethargy and a general feeling of *tiredness*, some pain or uneasy feeling in the back; this in a few days is followed with a cold or chilly stage, and slight febrile feeling afterwards. These symptoms continue often for a week or ten days without attracting much attention, after which, however, if medication has not been had, diarrhœa sets in very moderately, with tenderness of the bowels, more especially along the course of the colon commencing as low down as the *ilio cœcal* valve. From this time, all the symptoms become worse; the pulse about 100, tongue coated on the edges with a white fur, not very thick, the middle clear, smooth and dry, and in some cases disposed to crack; the under edges crack, or small fissures crosswise, bitter, clammy taste in the mouth, loss of appetite, very little or no sickness of stomach, some cases head-ache more or less, and at times very severe, accompanied with delirium in various degrees, from slight halucination to low muttering or wild raving; in other cases brain entirely free. In one case the spine suffered severely from congestion and inflammation, causing symptoms "very similar to tetanus. The fever here has not been very fatal.

TREATMENT.—The cases, so far as my observation has extended, both in practice and conversation with members of our society, this year has been more manageable, and yielded much sooner to medication. A number of cases, presenting the first symptoms, have been cut short by early application of a few dozes of the following:

℞ Calomel gr. i
Opium
Ipecac ā ā gr. i

mixed, followed by a portion of rhei and cal. magnesia, or infusion of senna with ginger. In one case, after using four of the above powders, I gave three potions of quinine, 2 grs. each, and four days from the commencement of treatment, the

patient was in good health save a little debility. This disease, like others, if taken in the first stage can be arrested, in a very large number of cases.

When the fever becomes fully developed, however, a very different thing presents itself, and one that requires all the skill, patience and perseverance of physician, nurse, and all concerned. I usually commence the treatment with small potions of calomel combined with opium and ipecac as above, varying the potion as cases may require. If diarrhœa be present, add cretæ prep., or astringent. I like the Gallic acid, in given doses, rather better than other astringents, except where a hemorrhagic disposition attends, then nothing answers so well as acct. plumb., in my opinion. If the bowels appear tardy, a mild cathartic of senna in a weak infusion of Jamaica ginger, or rhei and magnesia is about the best in the last stages. This treatment I found in many cases may be continued from two to four days. A very large majority of cases this season will tolerate free use of the sulphate of quinine, with or without opium, in all cases where opium or morphine can be had I use it. When the system has been much sunk down from diarrhœa or other causes, the brandy should be used early. Portion of quinine used generally from one to two grains every four hours, being careful to use it through the night as well as the day.

In one case, accompanied by neuralgia in the right eyelid and side of the head, I used it thus, commencing at 5 o'clock in the morning, I gave her one grain every hour until she took seven portions, and stopped until the same time next day, and in three days continuance I had the pleasure of seeing my patient relieved of both neuralgia and fever.

In another case of periodical sickness of the stomach, where vomiting came on regularly every evening at 4 o'clock, I used it in the same way with the happiest result.

Reviews and Notices.

The Transactions of the American Medical Association. Instituted 1847. *Vol. VIII.* Philadelphia: Printed for the Association. By T. K. & P. G. Collins. 1855.

This is a volume of 763 pages, presenting about the same style of binding, paper, type, &c., of the transactions of last year. It contains the "Minutes of the Proceedings of Eighth Annual Meeting of the Association;" "Report of the Committee of Publication;" "Treasurer's Report;" "Address of the President, Dr. Charles A. Pope;" "Report on the Diseases of Missouri and Iowa;" "The Report of the Committee on the Hygrometrical State of the Atmosphere in various Localities, and its influence on Health—By Sandford B. Hunt, M. D., Buffalo, N. Y.;" "Deformities after Fractures—By F. H. Hamilton, M. D., of Buffalo, N. Y.;" "Report on the Diet of the Sick—By C. Hooker, M. D., of New Haven, Conn.;" "The Pathology, Causes, Symptoms and Treatment of Scrofula—By Wm. H. Byford, M. D., Evansville, Indiana;" "Report of the Committee on the Means of Preserving Milk, and on the Influence of Pregnancy and Mensturation on the Composition and Nutritive Qualities of that Fluid—By N. S. Davis, M. D., Chicago, Ill.;" "Report of the Committee on Dysentery;" "The Effects of Alcoholic Liquors in Health and Disease—By R. D. Mussey, M. D.;" "Sketch of the Caustic Pulverizer—By R. H. Thomas, M. D.;" "Prize Essay—Statistics of Placenta Prævia—By J. D. Trask, M. D.;" "Plan of Organization of the American Medical Association;" "Officers of the Association for 1855;" "List of Permanent Members."

The Anatomical Remembrancer, or Complete Pocket Anatomist; containing a concise Description of the Structure of the Human Body. Second American from the fourth London edition. With Corrections and Additions. By C. E. Isaacs, M. D., Demonstrator of Anatomy in the University of New York. New York: Samuel S. & Wm. Wood, 261, Pearl Street. 1855.

This is a valuable little companion for the student of Anatomy, or for any persons who may be preparing themselves for an examination. It is not designed to impart information, but merely to revive in the memory that which has already been obtained from

other sources. It presents in a pleasing miniature an outline picture of the whole subject, so concentrated that a few hours only will be required to review the entire science.

For sale by Moore, Wilstach & Keys.

A Treatise on Venerial Diseases. By A. VIDAL, (De Cassis,) Surgeon of the Venerial Hospital of Paris; author of a "Traite de Pathologe Externe et de Medecine Operatione," in 5 vols., etc., etc. With colored Plates. Translated, with Annotations, by George C. Blackman, M. D., Fellow of the Royal Medical and Chirurgical Society of London; formerly one of the Physicians to the Eastern and Northern Dispensaries, New York. Second Edition. New York: Samuel S. & Wm. Wood, 261, Pearl Street. 1855.

It is seldom that a medical work meets with such ready sale as to demand two editions in the same year; yet this has been the singular good fortune attending Blackman's translation of Vidal. The second edition is bound in calf, and printed on better paper than the first, giving it a more substantial and much improved appearance. It is illustrated with several beautifully colored plates, that must add to the reputation of the New York artists, as well as elicit compliments from the profession, on the good taste of the Editor and Publishers.

For sale by Moore, Wilstach, Keys & Co.

A Practical Treatise on the Diseases of the Eye. By WILLIAM MACKENZIE, M. D., Surgeon Oculist in Scotland in Ordinary to Her Majesty; Lecturer on the Eye in the University of Glasgow, and one of the Surgeons to the Glasgow Eye Infirmary. To which is affixed an Anatomical Introduction, Explanatory of a Horizontal Section of the Human Eye-ball. By THOMAS WHARTON JONES, F. R. S,, Professor of Opthamic Medicine and Surgery, in University College, London, and Opthalmic Surgeon to the Hospital. With one hundred and seventy-five Illustrations. From the fourth revised and enlarged edition. With Notes and Additions by ADDINELL HEWSON, A. M., M. D., one of the Surgeons to Wills Hospital for Diseases of the Eye; Lecturer on Surgery in the Philadelphia Association for Medical Instruction, etc., etc. Philadelphia: Blanchard & Lea. 1855.

Mackenzie's work on the eye has long been the standard authority in Opthalmic Surgery, both in England and America. Its extensive sale, and the demand for so many editions, are high compliments to its merit.

The present edition is much enlarged, and a great many well executed illustrations have been introduced on its pages by the talented American Editor. It is now a complete encyclopedia of Opthalmic Science, and its possessor need look no further for information relating to the diseases of the eye.

For sale by H. W. Derby.

Letters to a Young Physician just entering upon Practice. By Jas. Jackson, M. D., L. L. D., Professor Emeritus of the Theory and Practice of Physic in the University at Cambridge; late Physician in the Massachusetts General Hospital; Honorary Member of the Medico-Chirurgical Society of London; Corresponding Member of the Academy of Medicine at Paris, etc., etc. Boston: Phillips, Sampson & Co. New York: J. C. Derby. 1855.

Without hesitancy we would take pleasure in commending this book to that class of men for whom it is written. The author has devoted more than half a century of his life to the medical profession. In reviewing this, his token of regard for his juniors in the profession, we are assured that he has been no drone, but his career may be regarded as a model. He dedicated this work to his friend, Prof. John C. Warren, M. D., with whom he had always been on the most intimate terms. They were pioneers in a country not new, but not much cleared. They began their active lives in Boston, in its infancy, as rivals. Although their business led them across each other's paths every day for a long series of years, still, more than half a century passed without jealousies or professional quarrels taking the place of their better judgment.

In the commencement of the work, Dr. Jackson does not propose to be methodical, but we admire its simplicity as calculated for the infant Physician.

For sale by Moore, Wilstach, Keys & Co. T.

How to Nurse Sick Children. Intended especially as a Help to the Nurses at the Hospital for Sick Children; but containing Directions which may be found of service to all who have charge of the Young. New York: Samuel S. & Wm. Wood, 261, Pearl street. 1855.

Every practitioner has felt the want of judicious and enlightened nurses to take charge of his infant patients; and he has often seen

them languish and die, under his best directed skill, simply because his efforts were not seconded by a kind and attentive nurse. Parents, whose affections and love for their children prompt them to do everything in their power to relieve them when they are sick, are too often ignorant of their duties, either in their anxiety doing too much, or doing what they do at a wrong time or in a wrong manner. This little book treats, in a plain manner, of those points of defect in the knowledge of nurses and parents, and should be in the hands of every one who has charge of children.

For sale by Moore, Wilstach, Keys & Co.

We have received "*Nelaton's Clinical Lectures on Surgery*," by Atlee; "*Simpson's Obstetric Works*," by Priestly and Storer, First Series; "*Todd on the Nervous System*;" and "*Lehmann's Physiological Chemistry*," in two volumes.

The above named works were received too late for us to give them the careful examination that they merit. They will be more fully noticed in the January *Lancet*.

History of Medicine, from its Origin to the Nineteenth Century, with an Appendix, containing a Philosophical and Historical Review of Medicine to the present time. By P. V. Renouard, M. D. Translated from the French by Cornelius G. Comegys, M.D., Professor of the Institutes of Medicine, Miami College. Cincinnati; Moore, Wilstach, Keys & Co., 1856.

The sketches of medical history, that have fallen under our notice are brief, incomplete, and unsatisfactory; being little more than chronological tables, recording the most notable eras in medicine; and it is a remarkable fact, that while in the English language, so many volumes have been written on the various subjects connected with medicine, no complete history of the rise and progress of the science has been produced. To fill this void in our medical libraries, the translator of Renouard's work, has performed a task that gives him claims upon our gratitude and support, scarcely less strong than those of its author.

It would give us pleasure to present our readers with an analysis of this highly interesting work, but we are too much crowded, both for

time and space, to do it justice in the present number. The following pages from the "Introduction" will suffice as a skeleton view of the authors labor.

The principal systems of antiquity concerning Cosmogony, or general physics, may be ranged in three sections, as follows:

1. Those that have at their head Pythagoreanism—representing the universe as inhabited by active and intelligent principles, which animate, fashion, and govern each material substance in a determinate way, and for a preconceived end. The animals, plants, and even minerals, possess, each, a vivifying spirit. Above these secondary principles rules the Supreme principle, who superintends the whole harmonizing individualities, and causing them to concur to one common end.

2. Another class of philosophers, of whom Leucippus and Democritus seem to be the chiefs, considered the formation of the universe as a pure result of chance. They pretend to explain all the phenomena of nature without having recourse to the intervention of any intelligent principle. According to them, the world in general, and each being in particular, exists as a necessary result of the eternal laws of matter. They deny that different substances, such as plants and animals were created for a preconceived end. They ridicule what was termed in the language of philosophy, final causes.

Finely, a third sect, which recognizes Parmenides and Pyrrho as their founders, who, believing that there exists in the natural movement of bodies, in their reproduction and endless changes, motives equally powerful to admit or reject the presence of immaterial and intelligent principles, concluded, from this ambiguity, that wisdom consists in remaining in doubt. "What is the use," say those sectators, "of fatiguing the mind in efforts to comprehend what is beyond its capabilities? The research after principles or first essences, has only resulted, thus far, in useless and interminable disputes. We receive no real knowledge but through our sensations, and we have no certainity in these beyond the objective exactitude." Such was, in short, the language of this sect, which sometimes took the name of Skeptic, to designate the perpetual doubt which they professed, and sometimes that of Zetetic, to indicate that they were always in search of truth, without flattering themselves to have found it. To these three systems of Philosophy among the ancients, correspond three systems of Medicine, of which I shall merely indicate, now, the principle traits.

The first of all, known by the name of Dogmatism, is attributed to Hippocrates, its culminating idea being, that "there is a simple principle and multiple in its effects, that presides over the body and all its functions, creating contraries, and vivifying the whole and each part."—(Hippocr. *de l'Aliment* § 7.) This idea is reproduced many times in the same work, and in others also, by the same au-

athor. It is the foundation of Vitalism, or modern Hippocratism, doctrine that M. Professor Cayol has explained in so lucid a manner, in his introduction to the "Medical Clinic," and which M. Gibert has sustained with all the vigor and logic for which he is distinguished.*

One of the most celebrated nosologist of the last age, Pinel, has given an idea of disease conformable to this doctrine, when he says: "Disease should be considered, not as a tableau always in motion, an incoherent assemblege of recurring affections that are unceasingly to be combated by remedies, but as an indivisible unit, from its beginning to its termination—a regular totality of characteristic symptoms, and succession of periods with a natural tendency, most frequently favorable, though sometimes fatal."†

This definition, which presents disease to us as a regular succession of actions and movements sustained by the vital principle with a manifest purpose, shows already the connection that exist between the doctrines of Hippocrates and the Pythagorean philosophy; but this connection becomes more and more striking by the details which will be given hereafter, in the course of this history. For it would be a great error to suppose that the passages above quoted are a *resume* of the entire medical theory of the physician of Cos. They must only be considered as one of the principal phases of his theory —one of its characteristic dogmas—the only one which has maintained its place down to our times.

The second system which is offered for our examination has received the name of Methodism, and recognizes as its founders, Asclepiades and Themison. The former studied, with great care, chronic diseases, in which the medicative force of nature is often imperceptible. He felt justified in denying the existence of this force, and turned into ridicule the Hippocratic dogmas on this subject. On the other hand, seduced by the Atomic theory of Democritus, which Epecurus had developed and rejuvinated, he hastened to make an application of it to Medicine. He represented the human body as pierced by an infinity of *pores*, through which the atoms of various forms and sizes must pass and repass without cessation. These corpuscles, excessively attenuated, were supposed to move about automically, in virtue of the inherent force of matter. As long as the size and form of these atomic corpuscles were in exact proportion to the passage through which they had to move, was the health of the individual maintained. But as soon as the exactness of these relations was destroyed, the health was deranged; but this could only occur, says this physician, in two ways, viz: either by an excessive contraction or dilatation of the pores. In this system, the animal economy is regarded as entirely passive; no reaction, no spontaneity, no natural tendency whatever is attributed to it. The

* "Considerations sur l'Hippocratisme et l'Anatomisme." Paris, 1833, in 8.

† "Nosogr. Pholosophique." 1st edition, introduction, p. 7.

physician had but to direct the movement of the economy by means of modifying agents which art placed at his disposal.

The two preceding systems, as is plainly seen, were dimetrically opposite: the one never lost sight of the natural activity of the organism in diseases; the other considered the human body as in a passive state only. But if pathological phonomena are observed without prejudice, it soon becomes evident that in the production of these phenomena, the organism is, by turns, both active and passive. Thus, when, from the infliction of a severe wound, general symptoms appear, such as fever, delirium, and convulsions, it is evident that under these circumstances the organism is at once active and passive; passive, in relation to the local lesion, the pain, and the shock experienced; active, relatively to the general functional derangement which is an effect of the vital reaction. If I may be permitted to make use of a vulgar illustration, borrowed from antiquity, to show the double action of the animal economy in the production of morbid phenomena, I will simply refer to the serpent, which, biting his own tail, is simultaneously the cause and the object of the action.

The Dogmastists did not deny that the organism is passive at the moment when it receives the impression of a nosogenic influence; but they regarded this impression as a simple occasional cause, they pretended that the disease only commences, really with reaction of the vital principle. This reaction, according to them, is the primitive and essential phenomenon, the proximate or occult cause of the morbid affection.

The Methodist, on the contrary, considered vital reaction as a secondary phenomenon, a species of oscillatory change, of which the proximate or primitive motor cause was the impulsion produced by the morbific agent.

A third class of physicians, at the head of which it has been customary to place Philinus and Serapis, thinking that the proximate cause, or the primitive phenomena of diseases, was inaccessible to observation, hence concluded that all which was affirmed on that subject, is arbitary, hypothetical, and unworthy of consideration in the choice of a rational treatment. They asked that in the description and treatment of diseases, only such symptoms should be recorded as fall under the notice of our senses. The totality of these phenomena constituted, in their eyes, the whole morbid affection, or at least all that could be known or affirmed in regard to it.

Consequently, they assumed that in any given case, only such remedies as had appeared to be valuable in similar cases, should be employed, without any regard to the proximate, essential, or occult cause of which, they say, nothing reveals to us the mode of action. As their reasoning did not go beyond those things which have already, or may yet become matters of observations and experience, they took the name of *empirics*, which signifies experimenters.

They have been classed with the skeptical philosophers, who place nothing in the rank of certain and positive knowledge but the sensations.

A considerable number of physicians would not adopt any of these systems, exclusively, but drew from each what to them seemed to be most conformable to reason and experience. They called themselves *Eclectics*, from a Greek word, which signifies, to choose; by which they wish to imply, that they made a rational choice of what appeared to be best, of all doctrines. It must be admitted, that this is a very laudable design, though somewhat pretentious. They should however, have indicated the rule by which they were guided in this choice, what principle they followed in discerning, among so many contradictory opinions, truth from error, the reality from fallacy, and the good from evil.

This is what the Electics ought to have been able to do, but what they have not done. They contented themselves by affirming that they followed, in every case, the voice of experience and of reason, without permitting themselves to be influenced by any prejudice, or systematic idea. But we must take their word for it, for they have emitted no axiom which enables us to see it for ourselves. Eclecticism is, in reality, neither a system nor a theory; it is, uniquely, an individual pretension, elevated to a dogma. Each Eclectic recognizes no other rule, than his particular taste, his individual reason, or his fancy. Two, so called, Eclectics have seldom anything in common, but the name.

The Eclectic carefully avoids the discussion of principles. He has little taste, or little capacity for high abstractions. He believes them useless, not to say injurious to the practice and progress of the art. In a word, the assumption of the name of the Eclectic conveys a very unfavorable idea as to the fixity of their philosophic principles. But the Eclectic may be, and often is indeed, a good practitioner. If, on the one hand, he disregards the fundimental principles of science, on the other he concentrates his attention on details; and we all know that practical skill is based, particularly, on specialties. To such may, with good reason, apparently, be applied the proverb, "good practitioner, bad theorist." Not that he, necessarily, has no theoretic ideas; that is impossible; but his ideas form no system, and are not based upon general principles. With him, medical tact, that is, cultivated instinct, takes the place of principles. Such was the erudite Barckausen, who, in reviewing medical theories, found in all, something to blame, and something to praise, without giving to any one a marked preference.

The Eclectic of our times is, ordinarily, only an empiric in disguise; but an empiric, in an honorable sense of that term; that is to say, a man whose opinions are based on the pure and simple observation of facts, carefully compared; whose theoretical ideas do not go beyond phenomena. In order to form a system, his ideas

only need to be united by a common tie, under the guidance of a philosophic principle.

I have just expressed the idea that it is impossible for a man to practice Medicine without any species of theory. This is an axiom which has no need of demonstration, says Professor Bouillaud.*

Doctor Auber unites in this opinion. "Be well convinced," says he "of one thing, that there is no practitioner who has not, however limited, his theory, and who may not, also, be carried away by it at the bedside, seeing that it is, necessarily, by reason of some idea, false or true, wise or foolish, scientific or vulgar, that even the most senseless physician determines, or is compelled automatically, to act in one way rather than any other, and on this account it is said, with infinite reason, that the practice must ever submit to the yoke and exigencies of even the most comtemptible theories."—("Traite de la Philosophie Medicale." Paris, 1839, p. 185.)

To those readers who may accuse me of attaching too much importance to the examination of theories, I must respond,—theories have been, and will for ever be, the compass of the ptactice.

Anciently, philosophy embraced the whole of human knowledge, physics, natural history, medicine, morals, metaphysics, theology, mathematics, etc. The philosopher was not permitted to be unacquainted with any of them. Now, physics, natural history, medicine, and many other branches of philosophy have been detached from the main trunk, and constitute separate sciences. From this separation, it results that modern Medicine has borrowed less from philosophy properly so called; but in compensation, it has been influenced by other sciences, such as physics and chemistry.

From the end of the fourteenth century of our era, to the commencement of the nineteenth, we count, in Medicine, five classes of principal theories, namely: the ancient Humoralism or Galenism, the Iatro-Chemical, the Iatro-Mechanical, Animism or vitalism which is confounded with modern Hippocratism, and finally, Organo-Dynamism.

I shall not extend further these general considerations, or I should encroach on what will be said in the course of this history, where the theories to which I have alluded, and some less important ones, will be properly treated.

The following is the chronological order which I have thought it proper to adopt; I divide into three Books, or three Ages, all past time. The First Age commences with the infancy of society, as far back as historic tradition carries us, and terminates toward the end of the second century of the Christian era, at the death of Galen, during the reign of Septimus Severus. This lapse of time constitutes, in Medicine, the Foundation Age. The germ of the Healing Art, concealed at first, in the instincts of men, is gradually developed; the basis of the science is laid, and great principles are

* "Essai sur la Philosophie Medicale et sur les Generalites de la Clinique Medicale." Paris, 1836, page 302.

discussed. The human mind, always impatient, surpasses in its speculations, the limits of the known and possible. Many branches of the art, such as Symptomatology and Prognosis, are carried to a remarkable degree of perfection.

The Second Age, which may be called the age of Transition, offers very little material to the history of Medicine. We see no longer the conflicts and discussions between partisans of different doctrines; the medicial sects are confounded. The art remains stationary, or imperceptibly retrogrades. I can not better depict this epoch than by comparing it to the life of an insect in the nympha state; though no exterior change appears, an admirable metamorphosis is going on, imperceptibly, within. The eye of man only perceives the wonder after it has been finished.

Thus, from the fifteenth century, which is the beginning of the third and last Age of Medicine, or the Age of Renovation, Europe offers us a spectacle of which the most glorious eras of the republics of Greece and Rome only can give us an idea. It would seem as if a new life was infused into the veins of the inhabitants of this part of the world; the sciences, fine arts, industry, religion, social institutions, all are changed. A multitude of schools are opened for teaching Medicine. Establishments, which had no models among the ancients, are created for the purpose of extending to the poorer classes the benefits of the Healing Art. The ingenious activity of modern Christians explores and is sufficient for everything.

These three grand chronological divisions do not suffice to classify, in our minds, the principal phases of the history of Medicine; consequently, I have subdivided each age into a smaller number of sections, easy to be retained, and which I have named Periods. The first Age embraces four periods, the second and third ages, each, two.

I will now indicate succinctly, each of these secondary divisions, without attempting, at present, to justify them, for this will be done in its proper place in the course of the work.

The first period, which we name *Primitive Period*, or that of *Instinct*, ends with the ruin of Troy, about twelve centuries before the Christian era.

The second, called the *Mystic* or *Sacred Period*, extends from the dissolution of the "Pythagorean Society" to about the year 500, A. C.

The third period, which ends at the foundation of the Alexandrina Library, A. C., 320, we name the *Philosophic Period*.

The fourth, which we designate the *Anatomic*, extends to the end of the first age, i. e., to the year 200 of the Christian era.

The fifth is called the *Greek Period*; it ends at the destruction of the Alexandrian Library, A. D. 640.

The sixth receives the surname of *Arabic*, and closes with the fourteenth century.

The seventh period, which begins the third age, comprises the fifteenth and sixteenth centuries; it is distinguished as the *Erudite*.

Finally, the eighth, or last period, embraces the seventeenth and eighteenth centuries. I call it the *Reform Period*.

In this division of the past, there is wanting that portion of the nineteenth century which has already passed. I have omitted it for the following reasons: First—I have asked myself, is it possible to write cotemporaneous history with the same independence of mind as that of the past? Secondly—Is it suitable, in speaking of living authors, to omit all biographic details? Thirdly—Is there not danger of exaggerating cotemporaneous opinions and discoveries? Lastly—Can we seize the general physiognomy of an epoch while living in its midst? Does not one in such a position resemble a man who placed at the foot of an edifice, thinks himself capable of appreciating the effect of the whole structure.

All these considerations, have led me to fear that I could not trace the history of our own times after the same plan as that of the history of the past, and I have therefore taken, as my limit, the end of the eighteenth century.

I propose, however, to give hereafter, under the title of Materials for Cotemporaneous Medical History, a discussion of the theories, discoveries, and improvements that have signalized the first half of the present century. This will form a supplement to the second volume. For sale by Moore, Wilstach, Keys, & Co.

Progress of Medicine.

ENGLAND.

MEDICAL SOCIETY OF LONDON.

Mr. Hird read a paper, *entitled* "*Observations on certain forms of Fistula in Ano, with reference chiefly to their treatment, without dividing the Sphincter Muscles.*

And also gave his opinion in favor of the treatment of many special cases of complete fistula by means of the ligature. After alluding to the painful and hazardous operations practised by Surgeons for the cure of fistula until a more correct view was taken of the disease by Percevall Pott, by whose influence and example the barbarous

treatment at that time had recourse to was renounced by the Profession in this country, the author gave a minute description of the anatomical structure of the lower part of the rectum, and of the tissues which fill up the ischio-rectal fossæ, and observed that many obscure collections of matter can only be diagnosed by those who are familiar with the complicated fascial and muscular boundaries of the space surrounding the extremity of the gut. Mr. Hird then described the varieties of spontaneous abscess which affect this region, and gave the result of several cases of fistula which had not entered the rectum, or laid bare its walls, in which no operation was performed; and strongly opposed the assertion made by Mr. Syme, and many other Surgeons who have written on this disease, "that all remedial measures, except the knife, are ineffectual." As a preventive treatment against the formation of fistula, he urged the necessity of freely laying open all abscesses in the neighborhood of the rectum before the walls of the bowel are laid bare. The incision should be directed from before backwards, and not transversely, so that the discharge may have no mechanical difficulties to overcome in its exit. When the abscess does not close by the ordinary process of granulation, Mr. Hird advises the use of mild injections of nitrate of silver, (four grains to the ounce,) and the application of well-adjusted pressure on the part. In two cases of eight and ten years' standing, in which this treatment was not successful, he effected a cure by means of a platinum wire heated by electricity, and connected with the poles of a galvanic battery, similar to the one used by Mr. Marshall for applying electric cautery to fistulous openings in the cheek, and advises the use of this agent before resorting to division of the septum. In cases of complete fistula, the author has no confidence in any treatment except that of laying the cavity of the abscess and of the rectum into one by dividing the sphincters. This, he said, might be accomplished either by means of the knife, the ligature, or electric heat. Although the knife is the favorite instrument of the majority of Surgeons, he prefers the use of the ligature in all cases where the hæmorrhoidal veins are unusually large, or when the patient has a dread of the knife. He considers also that this method of operating possesses advantages over the knife in many special cases, and, if judiciously applied, and only tightened by means of the fistula-tourniquet to a degree of tension sufficient to accomplish the division of the septum, is not so painful as the operation with the knife, less so in the after-treatment, and frequently accomplishes a cure in a shorter space of time. Hæmorrhage and the dread of a cutting operation are avoided by this plan. Mr. Hird's experience does not confirm the opinion of Sir B. Brodie, that all fistulæ have an internal orifice leading into the rectum; neither do his observations verify the opinion of many writers, that fistulæ are most frequently found in phthisical patients; but, on the contrary, are in harmony with the views of Andral and Louis, both of whom

demonstrate, by statistical inquiries, that these affections, occurring simultaneously in the same individual, are merely the result of accident, and that they do not stand to each other in the relation of cause and effect.

Mr. J. B. Brown said the author had not proved the value of any one specific treatment in opposition to that of dividing the sphincter by the knife. He agreed with Mr. Hird as to the expediency of using the knife for that purpose when there was a fistulous opening into the rectum, and abstaining from its use when no such opening existed. Many an abscess at the side of the rectum would heal, after the escape of the pus, without any plugging with lint or other after treatment, care being taken that the patient should be supported by generous diet. In ordinary cases the injection of stimulants was not needed. He had never seen a fistula, with a perfect opening into the rectum, that healed without the division of the sphincter.

Mr. De Meric referred to the occurrence of fistulæ without the knowledge of the patient or the Surgeon. A patient, suffering from syphilis and scrofula, complained to him about ten weeks ago of great uneasiness about the extremity of the bowel; but, on examination, nothing was discovered indicating the necessity for surgical interference. He did not complain afterwards, and nothing further was heard of the matter till some ten days ago, when an abscess broke in the vicinity of the anus, the pus being ejected by the rectum. On examination he found, an inch and a-half above the anus, an opening in the mucuous membrane of the gut. Here was a person in the condition supposed by Mr. Hird, yet presenting no opportunity for doing as the author advised—preventing the opening into the rectum. It was a question whether the Surgeon should interfere with a fistula of that kind. In many German schools it was considered that there should be no interference when phthisis was present, on the ground that there should be a deriative surface in order to carry off any noxious principle in the system. Listening to such opinions, and to those expressed by the author, he might safely make up his mind to leave the fistula as it was.

Mr. Henry Lee thought, when there was an internal communication with the gut, that dividing the lower part, as recommended, or any part only, would not be sufficient. It was sometimes difficult to ascertain whether there was an internal opening; some, indeed, maintained that an internal communication was always present. A patient of his was once operated on one side four or five times for fistula; the sphincter had been cut, but the disease returned; at length, he traced a sinus round from the right side between the bowel and the coccyx to the left side, where he found an internal opening into the bowel. Having cut into the original opening, all the parts healed up, and the woman recovered. When the matter had burrowed fairly up by the side of the sphincter, or through its muscular fibres, whether there was internal communication or not, he thought

the case would seldom terminate satisfactorily unless the muscular fibres were divided.

The President suggested that the injection of warm water might be used as a means of diagnosis, in order to ascertain whether there was an opening into the rectum or not.

Mr. Weedon Cooke objected to the abolition of the old practice of cutting through the sphincter, the operation, by the aid of choloform, being rendered so simple and painless. It was often, he believed, impossible to cauterize all the parts within the sinus, there being a large space at the end, where the probe would roll about without touching. He thought strumous patients might be operated on without disadvantage. Instead of the deriative being a healthy one, it was a means of continuing the disease existing in the blood.

Dr. Henry Smith said his experience at the Hospital for Consumption confirmed the view expressed by the author, that the simultaneous occurrence of phthisis and fistula was simply a coincidence. He could not see what the opening or non-opening of the abscess had to do with phthisis, except in reference to the debility of the patient. He conceived that any operation which could relieve the system of any suffering, and heal the abscess, would, in all probability, be beneficial to the disease.

Mr. Dendy advocated the use of the ligature, observing that it had only been brought into disrepute by the practice of the empiric. The constitutional condition of patients should be disregarded; and, if there was good reason for the performance of the operation, apart from any such conditions, the patient ought to have the benefit of it.

Dr. O'Connor expressed an opinion that, in the majority of cases, phthisis was necessarily attendant upon fistula in ano.

The President said, his experience led him to dissent from that opinion.

The author having replied, the Society adjourned.—*Medical Times and Gazette.*

M. Trousseau on the Purpura of Werlhoff.

A very characteristic example of that species of purpura hemorrhagica described by Werlhoff, under the name of morbus maculosus, lately appeared in the wards of M. Trousseau. The disease occurred in a young flower girl, seventeen years old, of regular habits, and brought up in the country, and who had suffered from no other malady, with the exception of some scrofulus swellings in the neck. For six months she had resided with her parents in Paris, occupying a healthy apartment, and, as the livelihood she gained was sufficient for her comfortable maintenance, her condition, so far as hygiene is concerned, was in every respect good enough, when, fifteen days before her admission to the Hotel Dieu, she had an attack of

epistaxis. At this time the hemorrhage was slight. Fifteen days later, however, she was again attacked in the same manner, but with so much increase of the bleeding as to induce serious apprehensions for her safety. The hemorrhage, this time also, became arrested, and, after an interval of eight days, the skin was observed on the 4th May to be covered by a number of violet-colored spots, resembling the berries of Privet (?) Similar spots, of an ecchymotic appearance, were also observed upon the gums and mucous membrane of the mouth. An oozing of blood from the nose was also present, and on the 7th clots of blood were found in the water closet.

Such, says M. Trousseau, is the ordinary course of the simplest forms of the morbus masculosus of Werlhoff. The absence of fever and paleness accompanying it, must also be remarked. From time to time there occurs adventitious headache and flashing in the eyes; hemorrhage may take place in the choroid or the humors of the eye, and impaired vision exist for fifteen days or a month. At other times, hearing may become disturbed; a peculiar noise being heard in the ear, the result of slight extravasations of blood. In one case of a woman aged 54, M. Trousseau mentions having met with a similar noise accompanying deafness. In some instances, slight paralysis of one side of the body exists, arising from extravasation of blood within the cranium; hemoptysis also occurs, the bronchial being, like the intestinal mucous membrane, subject to hemorrhage. The skin not only exhibits the peculiar spots already noticed, but in some cases phlyctenæ exist in the inner surface of the lips, etc.; and on the arms, abdomen, etc., ecchymotic patches are to be found of the size of one or both hands together. The young woman referred to as the subject of these remarks, presented one of these patches of enormous extent, and situated upon the right iliac region. A singular circumstance connected with this affection is, that about the end of eight days all these spontaneously disappear; and then, subsequently to a certain degree of fever, with headache and general sense of uneasiness, there is a reproduction of spots in greater or less numbers. In some cases, the paroxysm of the disease is ushered in by hemorrhage from the nose, the lungs, the intestines, or the uterus. In the present instance, epistaxis recurred at intervals of eight days, and the appearance of the eruption corresponded with the third of these attacks.

It will be perceived from what has been said, that this affection differs essentially from scorbutus. The latter disease is preceded by pains, weakness, loss of color, fetor of the breath, and other symptoms indicating a liquifaction of the blood. In the malady described by Werlhoff, there is no softening of the gums; they retain a healthy appearance, except at certain points, where they are ecchymosed. And, moreover, the teeth are remarkably well embraced by the gums, as seen in the patient now under treatment. Besides, in scorbutus there are no paroxysmal phenomena. The purpura of Werl

hoff has more resemblance to certain varioloid eruptions, which are accompanied with delirium and are less serious than they appear, as about the tenth day the pustules harden, and the patients recover. Of course the eruptive markings here referred to are not those which supervene from the twelfth to the fourteenth day of small-pox, but those of the commencement, which are slight extravasations arising from the congested state of the cutaneous surface. During the second week of scarlatina, measles, and small-pox, spots also appear which are correctly regarded with apprehension, but these spots cannot be confounded with those of the malady of Werlhoff, as they are always complicated with an eruptive fever. The same remark applies to those appearing in connection with an altered state of the blood in children who have been reduced by vomiting and diarrhœa.

When the purpura of Werlhoff is unaccompanied by hæmorrhage, acid drinks, lotions, and injections of the same nature are sufficient; indeed, without any treatment, the disease disappears after a short duration. But if the affection be ushered in by abundant hæmorrhage, the blood rapidly becomes impoverished, and the prognosis assumes an unfavorable aspect; patients rapidly sinking in some cases, from circumscribed inflammations consequent upon cerebral hæmorrhage.

What treatment is to be pursued in combatting this affection? There is only one method, the efficacy of which seems incontestible, and that is the exhibition of powder of cinchona. Werlhoff was the first to try this remedy on a girl seventeen years old, and effected a cure in her case by giving half a drachm of powdered cinchona every two hours, for seven days. This fact was lost sight of when M. Bretonneau, who had not read of Werlhoff's case, entertained the idea of treating the epistaxis in the same manner. M. Trousseau here gave the powder of cinchona (quinquina calissaya), in the dose of four grammes daily for three days. The treatment was then intermitted for one day, and again recommenced in the same manner, increasing the interval of intermission by one day each time, employing at the same time, as auxiliary remedies, acid drinks, the juice of fruits, etc.

Regarding the patient mentioned above, where epistaxis occurred every time the nose was blown, and where for some time a number of spots had existed upon the skin, the symptoms were not permanent; it was a case of the disease of Werlhoff. At first rhatany and some acids had been employed in the treatment, but without much success. M. Bretonneau, then in Paris, advised M. Trousseau to try the powdered cinchona; the patient was subjected to this remedy, and from that time the progress of the disease was checked, and the epistaxis, which previously had resisted even the injection of perchloride of iron, was arrested. Was this patient cured, however? Undoubtedly not, says M. Trousseau, as, on account of her advanced

age, there was reason to fear an attack of cerebral hæmorrhage; she is, however, much better, and there would only appear an extra necessity in her case for a continuation of the treatment by cinchona.

As for the girl in the Hotel Dieu, severe intestinal hæmorrhage, followed by syncope, took place on the 12th and 13th of May. On the 17th. M. Trousseau remarked her paleness, and the presence of the feverish condition observed in anemia; a condition of importance to recognize in some states of convalescence, in order to its being combatted by invigorating diet and regimen. M. Trousseau here expressed his fears that in this case the hæmorrhage should continue, and, by the alteration in the blood, induce such changes in the gastric fluids as would lead to loss of appetite and the occurrence of indigestion, a condition of the most embarrassing nature, under the circumstances.

In order, if possible, to avert these consequences, he considered it proper to combine the cinchona with a small quantity of opium as an adjuvant to its effects. The patient was also ordered albumen in small quantities (l'eau albumineause), and weak soups. Besides, the paroxysmal nature of the disease afforded some hopes by the intermissions which were occurring now and then; M. Trousseau placed his reliance upon these, upon the youth of the patient, and upon the vis medicatrix naturæ. In this hope he has not been disappointed; altogether, it has been necessary merely to attend to the intestinal hæmorrhage, which was inclined to recur, and with this view M. Trousseau had recourse, with apparent success, to the perchloride of iron—in the dose of from one to two grammes, given in the form of pills every four days. He also administered turpentine as a hæmostatic, and finally there was the restorative treatment by iron. At the last examination, the patient might be considered cured, as all appearance of the disease had gone, she had recovered her color, strength and flesh, and in a very few days would be in a state quite fit to leave the hospital.—*Journal de Med. et de Chir. Prat.* and *Gaz. des Hop.*, August 30, 1855.

Treatment of Lupus by the Application of Iodide of Mercury etc. (Case under the care of Mr. M'Whinnie.)

A few years ago M. Cazenave published, in the *Annales des Maladies de la Peau et de la Syphilide*, his experience of the effects of the red iodide of mercury in lupus. In obstinate cases of this disease, particularly of the non-ulcerated form, with or without hypertrophy, the most favorable results have been obtained at this Hospital from the local application of that remedy.

The following cases treated by Mr. M'Whinnie is selected: R. H.,

aged 25, a dressmaker, of nervous temperament, but in otherwise goood general health, and of healthy parents, was admitted in January last.

The back of the right hand and fingers were beset with lupus of the tubercular form, amid much swelling of these parts from hypertrophy of the surrounding skin and subjacent cellular tissue. The unsightly appearance was further increased by the desquamation of the surface of the tubercles and the livid color of the integument. The disease made its appearance about ten years ago upon the knuckles; it afterward invaded the back of the hand; and she noticed that it happened to spread over points which were formerly occupied by warts. She experienced no relief from any of the remedies suggested by several Surgeons both in England and France, when in 1852 she became for a short period a patient of M. Cazenave himself, who commenced the plan of treatment which, with some modifications, has since been attended with so much advantage.

The topical remedies have consisted chiefly in the application of red iodide of murcury ointment (according to the formula introduced into the Pharmacopœia of the Hospital by Mr. Startin)* at intervals of three or four weeks to the diseased surfaces; these were always blistered with the vesicating fluid on the day proceeding the employment of the caustic. The consequent swelling and acute pain which followed, (the latter continuing sometimes for thirty-six hours,) being relieved by emollient hand-baths and poultices. After a few days, either the red precipitate ointment was applied, or the parts wrapped in bags wetted with dilute nitric-acid lotion, according to the convenience of the patient.

The reduction of the chronic hypertrophy is mainly attributable to the employment of well sustained compression for a week preceeding each application of the caustic ointment. The general health has been attended to, and cod-liver oil and mild mercurials administered. By steady adherrance to this plan the improvement has been uninterrupted, and almost the only trace now left of this disease is the discoloration of the skin.

Equable and firm compression, patiently and perseveringly continued by means of strips of plaster and bandages, is a most valuable adjunct in the treatment of this form of lupus conjoined with hypertrophy, and is further assisted by the use of mucilaginous and vapor baths.

In this way the swelling and deformity of the limbs resembling elephantiasis. and the most hideous distortion of the features resulting from lupus, may be relieved. Such a case, Mr. M'Whinnie observed, he had witnessed in the wards of M. Brett at the Hospital St. Louis. The whole head and face were swathed with bands and rollers as accurately as an Egyptian mummy; the occlusion

*℞. Hydrargyri biniodi one oz., adipis two drachms, emplastri epii six drachms. Misce.

of the nostrils, which may arise both from the hypertrophy and subsequent cicatrization, being guarded against by the introduction of tubes or of cylinders of prepared sponge.—*Med. Times & Gaz.*

On Obstinate Vomiting in Pregnancy.

The intractable vomiting which sometimes accompany pregnancy, forms one of its most serious complications; constituting as it does an affection where all remedial measures are too frequently unsuccessful, while its persistence endangers the life of both mother and child. We cannot therefore be too anxious to multiply these resources which seem to afford a chance of success, whether they be of a nature merely empirical, or founded on the principles of rational medicine. Several methods of treatment of one or other description have recently been brought forward, and among these the application of leeches and belladonna to the neck of the uterus.

Dr. Negrier of Angers, believing that the vomiting of pregnancy was owing to the sympathetic extension (*irradiation sympathique*) to the stomach, of an inflammatory irritation of the neck of the uterus, suggested its treatment by the application of leeches in this locality, which method has been adopted by M. Clertan with success.

Again, M. Bretonneau, entertaining the idea that the vomiting arose from a spasmodic rigidity of the uterus, which resisted the distension consequent upon the growth of the fœtus, has had recourse to the employment of belladonna frictions over the hypogastric region, or its immediate application to the uterine neck by means of a pessary, and in many cases he has thus also met with fortunate results.

An opportunity of testing the efficacy of these two methods, was recently afforded to M. Dubois at the Clinique d'Accouchements. Unfortunately, before the treatment was commenced, the patient became desirous of leaving the hospital, and M. Dubois had an opportunity only of confirming the statement of M. Negrier, that an inflammatory state of the uterine neck generally existed in these cases, as in this one the redness and irritability were very well marked.

With regard to this subject, the interesting resarches of M. Cartaya of the Island of Cuba, may be mentioned, as affording some valuable statistical information. Fifty-eight instances of this obstinate form of vomiting have been arranged by him according to their mode of termination, into five different groups. In the first of these he enumerates such cases as terminated fatally, but without abortion taking place; in the second, those where recovery followed the occurence of abortion, or merely the death of the fœtus without its immediate expulsion; in the third, those terminating in recovery

without abortion; in the fourth, those where death followed abortion; in the fifth, those cases where recourse was had to the induction of abortion, or of premature labor. It need not be stated, that in the majority of those cases, medicines in the greatest variety, and of the most eneregetic description, had been tried without effect.

Of these 58 cases, 24 belonged to the first group, that is to those where death occurred without abortion taking place. Those of the second group, or where a cure followed either abortion or death of the fœtus, were 11 in number. The instances of cure without abortion ware only 3; one of these which had been seen by M.M. Chomel and Dubois, a patient under the care of Dr. Koreff, is undoubtedly an example of remarkable and unexpected spontaneous cure. This woman, reduced to the most extreme degree of marasmus, and looked upon for certain death, was suddenly attacked by profuse diarrhœa, which appeared to have produced a salutary revulsion, and was succeeded by her recovery. The second case was that of a cure following the application of leeches to the neck of the uterus, on account of the inflammatory action there. This is one of the cases previously alluded to as being treated by M. Clertan. In the third, the cure was effected by the use of alcoholic stimulants and champagne, for which the patient appeared to entertain a particular and excessive prediliction.

In the fourth order of cases, those terminating in death subsequent to abortion, the number was 3 also; in these instances abortion did not occur until recovery was hopeless.

The fifth group, these cases in which premature labor or abortion were artificially induced, he has subdivided into successful and unsuccessful cases, there being 14 of the former, and only three of the latter. In three instances where prematare labor was induced, both the mother and child were saved.

In conclusion, then, we find in 58 examples of intractable vomiting during pregnancy, 30 cases of death, and 28 of recovery. Of these 28 recoveries 11 were ascribed to the occurrence of abortion or the death of the fœtus and its subsequent expulsions; 2 to the influence of therapeutical remedies; and 1 to the occurence of critical diarrhœa; 14 to the artificial induction of abortion or premature labor.

The principle object in adducing these facts, is to draw attention to the important nature of the affection to which they relate, and the resistance it offers to the therapeutical remedies hitherto employed in its treatment; and to impress upon medical men the necessity of multiplying those means and resources which observation and experiment may suggest as applicable to the difficulties arising from this serious complication in utero-gestation.—*Gazette des Hospital July 21st*, 1855.

Miscellaneous.

On the Healing of Abscesses by the First Intention. By M. Chaissaignac.—M. Chaissaignac has for some time past endeavored to unite abscesses by the first intention, after their complete evacuation; and he reports that his success has been very considerable. His method of procedure may be judged of by the narration of a case which recently occurred at the Lariboisere Hospital, and was observed by all who attend there. A healthy man, aged nineteen, was admitted February 17th, presenting all the symptoms of acute abscess of the axilla, which had been about a week in forming. On the 19th, choloroform having been given, a considerable quantity of well-conditioned pus was discharged by the bistoury, pressure being exercised in all directions for the purpose of securing complete evacuation. The cavity of the abscess was next thoroughly washed out with water introduced through the tube of an irrigator, in order to bring away any remaining pus, the injection being continued until the water returned completely limpid. Pressure was again employed to force out every drop of the water, and the orifice was strapped up. A large pad of charpie was introduced into the axilla in order to make pressure over that region, and the arm was confined in one of Mayor's bandages, as if for fracture of the clavicle. On the 21st cicatrization was complete, no discharge of the pus whatever being visible. The bandage was continued as a matter of precaution for two or three days, and then the arm was allowed to hang down, no pain being reproduced. In the site of the abscess a little indurated spot could be felt. On the 27th he was discharged quite well.—*B. & F. Med. Chir. Rev., from Gazette des Hopitaux,* 1855, *No.* 38.

Pardon of Dr. Beale—An Affecting Scene. Dr. Stephen T. Beale was yesterday released from his confinement in Moyamensing Prison. Dr. Beale was convicted in October last of the offense with which he was charged, and was sentenced to an imprisonment of four years and six months from the 28th of November. After his incarceration, he was confined alone in his cell, but his health having become much impaired, he was removed in June last to the hospital of the prison, where he remained until the time of his release.

Governor Pollock signed the pardon on Wednesday, the 21st inst., and the same night Col. J. H. McCauley, the Chief Clerk in the office of the Secretary of the Commonwealth, started to the city with the document. Information of the granting of the pardon was received on Wednesday night, and the family of the Doctor was prepared for his return home.

Early on Thursday morning, Col. McCauley was met at the American Hotel by Col. J. S. Wallace, and, together with one or

two other gentlemen, they repaired to the prison. A friend of Dr. Beale's had preceded them and communicated the glad tidings to him. The Doctor was completely overcome when the intelligence was communicated to him, and for some time he was unable to articulate a syllable.

At half-past eight o'clock in the morning Doctor Beale reached his home in Walnut street, and those who witnessed the meeting between the late prisoner and his family describe it as being affecting in the extreme. Mrs. Beale visited her husband frequently during the time of his imprisonment, but the children had not seen their father from the time of his conviction. The interview between them is represented as having been very touching. During the entire day the house of Dr. Beale was visited by scores of his friends.

Gov. Pollock, in the instrument extending executive clemency to Dr. Beale, sets forth the reasons which had induced him to grant the pardon.

He had received communications from about one hundred and forty dentists and twenty-three physicians, of the city, stating their belief that testimony as to matters transpiring under the influence of ether is unsafe and unreliable; from a number of other physicians named, that they believe him innocent; from a large number of the bar, and citizens of various states, including the names of Governors, Attorneys-General, &c., that they believe he was convicted on insufficient testimony; from a number of clergymen, that they believe him innocent; from the Mayor of Philadelphia, and sixty members of the Philadelphia City Councils; from members of the Legislature, Judges of the Supreme Court, editors of Philadelphia newspapers, and five thousand other citizens of Pennsylvania and New York, with five of the jury on the trial all asking for his pardon. After enumerating all these facts, the Governor says:

And whereas, the Board of Inspectors of the said Philadelphia County Prison, as appears by their communication on file in the office of the Secretary of the Commonwealth, have unanimously recommended the pardon of the said Dr. Stephen T. Beale, because, in their opinion, the end contemplated by the law in the moral reform of the prisoner has been attained—because full and ample satisfaction has been rendered to public sentiment by the imprisonment he has already undergone—because his health is undoubtedly breaking down under the sufferings of body and mind which he has already endured, and because the destitute condition of his aged parents and bereaved sorrowing wife and children, imperatively demand the presence and support of their son, husband and father.

And whereas, after a full and careful examination of the facts and evidence in the case, aided by the scientific discussions to which it has given rise, [without any intention to reflect upon the prosecutrix, who no doubt testified to what she believed did occur—nor to impugn the integrity of the learned Judge who tried the case, nor

the honesty of the jury who convicted the prisoner,] *I am now satisfied* that the defendant, Dr. Stephen T. Beale, is *not guilty* of the crime whereof he stands charged, and was convicted upon evidence unreliable in its character and insufficient in amount.

I do, therefore, in consideration of the premises, pardon the said Dr. Stephen T. Beale of the crime whereof he is convicted as aforesaid, and he is hereby fully pardoned accordingly.—*Philadelphia Evening Bulletin.*

Editorial.

CLOSE OF THE VOLUME.

The present number closes the sixteenth volume of "The Western Lancet," but we hope it will not be the close of an acquaintance with any of our numerous subscribers. With this volume ends the first year of our unaided editorial labors. The product is before our readers for approval, criticism, or censure. We are aware of many imperfections, and we are not so vain as to indulge in any self praise, or boastings of our success, but we feel concious of the rectitude of our intentions, and of an ardent desire in all that we have written, or published in our pages, to promote the interests, and preserve the harmony and good will of the profession. It has been our aim to acquaint the readers of the Lancet with all the valuable improvements, in the healing art, both at home and abroad. Our origina matter, derived chiefly from contributors engaged in active practice, at various points in the surrounding States, compares favarable with any of the preceding volumes of our journal, and we cheerfully embrace this opportunity of expressing our unfeigned gratitude to all who have so liberally contributed, without remuneration, to the department of original communications. A continuance of that kindness and liberality is earnestly solicited. In the past year, an unusual number of medical books have been published, many of them from first class authors, conveying to the profecsion at large valuable observations on disesse, and the action and uses of new remedies. It is the duty of those engaged in practice to verify, or disprove, the correctness of the doctrines and teachings of authors. Such provings are good snbjects for original communications to journals, and we invite all our friends to aid our enterprise, as well as to advance the cause of science, by frequent contributions to the pages of the Lancet.

As an appropriate frontispiece to the seventeenth volume of the Lancet, as well as a merited tribute to the memory of the "illustrious dead" the January number will contain a beautful portrait of Dr. Daniel Drake, the pioneer of western medical literature. We also have assurances, that likeneses and short biographical sketches of other distinguished Western medical men will be furnished for the next volume. Arrangements have been made for illustrating when necessary, original and selected articles, by lithographs and wood cuts; so we can confidently invite an increased patronage, by the assurance that the Lancet shall not only maintain its past reputation, but shall have still stronger claims on the profession in the West, who have so liberally given it their support in the days that are gone. These improvements will increase very much the expense of publishing the journal, but we hope to be remunerated by an increased number of paying subscribers to the next volume. The terms are liberal and if properly considered and taken advantage of it will be found that the Lancet is one of the cheapest medical journals published. To all who pay in advance it is sent free of postage and to clubs five copies are furnished for ten dollars. Five dollars will pay for two copies, if sent in advance, and even to single subscribers paying within the year three dollars is very low for 768 pages of medical reading. There are few medical men who have not one or more friends in their vicinity who would club with them if solicited, and by a little effort each one could do us much good as well as save money by forming clubs of one or more in forwarding the money. To get the advantage of our club rates it is not necessary that all should belong to the same post office, as some have supposed, but the money must be in advance and all sent at the same time. The advantages we expect from these liberal rates are only, advance payments, and an increase in the number of subscribers,—our main object being the inducement to our friends to assist in extending the circulation of the journal.

☞ Since sending our bills, to delinquents for last year, in the Novmber number, some have sent in their dues, and others have made satisfactory response to our call, but many yet remain silent. To these we must say this is our last call. We are under the imperitive necessity of having old accounts settled, and why any

should so far disregard their obligations to us as not to answer in any way repeated duns for more than two years, is more than we can comprehend. If any are unable to pay, and will intimate that such is the case, we are able and willing to wait with them, but we want to hear occasionally that they are still in existence. *All that are in arrears for the year* 1854, *that we do not hear from by the first of January next, will find their bills placed in the hands of a collector.*

☞ The second Annual Report of the Superintendent of Hamilton County Lunatic Asylum has been laid on our table. It is a document that should be read by all who feel an interest in the insane and the appropration of money for their treatment and protection in our State. The arguments in favor of the establishment of a County Asylum are unanswerable and should be studied by those who have so much opposed that humane undertaking as to stop the progress of the new building.

☞ The prospectus of "Frank Leslie's Illustrated Newspaper" has been received. The first number of this new perodical will be issued on the first of December and the following numbers will appear weekly, highly illustrated with engravings in the style of the "Illustrated London News." The first number will contain several scenes from the adventures and perils, of Dr. Kane in the arctic regions.

Terms.—One copy, 10 cents. Six months subscription one volume $2 00, two volumes $4 00, ten volumes $19 00. Communications must be addressed to Frank Leslie, 12 and 14 Spruce Street, New-York.

☞ Attention is invited to the advertisement of B. F. Palmer. There is no doubt that his artificial leg is the best substitute for the natural limb that has ever been invented. The most celebrated surgeons of Europe, that attended the World's fair in London, not only gave it their approval, but emphatically declared it to be superior to anything of the kind that had fallen under their notice.

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